



**THE RIVER**  
CHURCH COMMUNITY

**San Jose, California**

# The River Church Community Benevolence Application

## Section 1. Basic Information

Name:	_____	_____	_____			
	First	Middle	Last			
Address:	_____		Apt #: _____			
City:	_____	State: _____	Zip code: _____			
Daytime phone #:	_____	Evening phone #:	_____			
Email:	_____		Date of Birth: _____			
Marital Status:	S	M	D	W	Partner's Name:	_____
# of people in household:	_____	Ages of children:	_____	(girls)	_____	(boys)

## Section 2. Small Group Information

Are you part of a Small Group Community at The River?  Yes  No

If you are in a small group, have you made your need known to your small group?  
 Yes  No

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

## Section 3. Pastor Communication

Have you talked with a River Pastor or River staff member about your financial need?  
 Yes  No

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

If so, who did you speak with? \_\_\_\_\_

## Section 4. Request Information

**How much financial assistance do you need? \$ \_\_\_\_\_**

**For what will the money be used?**

Deposit/rent     Food/Clothing     Utility bills     Other bills     Other

*\* Please include documentation of this need. Acceptable documentation includes a lease agreement, copy of the bill or invoice, copy of a paycheck stub, etc.*

Why do you have this need? \_\_\_\_\_  
\_\_\_\_\_

Who can we contact regarding this request? (e.g. your landlord, billing agent, employer, etc.)

1) Name/Title: \_\_\_\_\_ 2) Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**If The River is able to support you, to whom should we make the check out?**

Name/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you requested financial assistance from The River before?**     Yes     No

If yes, how many times have you requested assistance before? \_\_\_\_\_ When? \_\_\_\_\_

***If this is your first time making a request and your need is lower than \$500, please skip the next section and submit application now.***

### Office Use Only

Request Approved?     Approved     Denied

By: \_\_\_\_\_

Date: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

If denied, reason for denial? \_\_\_\_\_  
\_\_\_\_\_

**Section 5: Financial Information**

<b>Monthly Income</b>	<b>Amount</b>	<b>Monthly Expense</b>	<b>Amount</b>	<b>Comments</b>
Salary (self)		Housing		
Salary (partner)		Medical		
Social Security		Food		
Veteran's Admin.		Utilities		
AFDC - Child Support		Phone		
SSI / Unemployment		Car/Transportation		
DSS State Disability		Charge Accounts		
Food Stamps		Insurance		
Other:		Other:		

<b>Assets</b>	<b>Amount</b>	<b>Liabilities</b>	<b>Amount</b>	<b>Comments</b>
Checking Account		Credit Card Debt		
Savings Account				
		Auto Loan		
Home Value				
		Home Loan		
Investments				
Retirement				

I verify that all of the information above is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_