



BENEVOLENCE APPLICATION

WHO IS ELIGIBLE FOR BENEVOLENCE?

Prairie Lakes Church accepts applications for benevolence from members, regular attendees and anyone not attending PLC. For those who do not attend PLC or other churches in the community, we reserve the right to invite applicants to our services and to talk to them about church issues. We may also require those receiving assistance to complete budget training to ensure future financial success.

To be considered for benevolence funding, you must submit the following:

- **Completed application – applications with missing information cannot be processed**
- **Copy of a current, government-issued ID**

WHAT ASSISTANCE IS AVAILABLE?

It is our desire to provide assistance to all that are in need; however, filling out an application does not guarantee assistance. The purpose of the application is to help the Care team at PLC have a clear and accurate picture of family needs and to determine how we may be able to walk along side those in times of difficulty.

Short-term requests must align with the PLC guidelines. We are NOT able to provide long-term assistance, help with childcare, long-term or chronic medical issues, credit card or debt issues, taxes or legal expenses.

Gift for benevolence will be limited to food, utilities and some medical expenses. There is a possibility of exceptions for families experiencing extreme crisis situations.

There is a \$300 benevolence limit per family. Additional requests will be considered every 3 months and up to 4 times per calendar year.

Gifts of benevolence will be dispersed by PLC sending a check directly to the organization to whom a debt is owed. Occasionally, PLC will hand out gift cards as a means of help in emergency situations as they feel necessary.

I'VE COMPLETED THE APPLICATION, NOW WHAT?

After completing the application, please return it to the Prairie Lakes office, or mail it to Care at Prairie Lakes Church, 1907 Viking Road, Cedar Falls, IA 50613

When the application has been received, Care will review and verify the provided information. A decision can then be made on if or what assistance will be given. It may take one to two weeks to process your application.

| Personal Information | | | | | |
|---|--|------|-------|---------------------------|------------------------|
| Name | DOB | | | | |
| Address | City, State ZIP | | | | |
| County | Email | | | | |
| Phone: Home | Cell | Work | | | |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | Social Security Number <hr/> Drivers License Number | | | | |
| Length of Residence of Current Address | | | | | |
| How were you referred to PLC? | | | | | |
| Have you or anyone in your household been assisted by PLC? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| List all persons living at your address (continue on back if necessary) | | | | | |
| First and Last Name | Sex | Age | Grade | Relationship to Applicant | Employed or In School? |
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| Church Affiliation | |
|--|--|
| Member of PLC? <input type="checkbox"/> Yes, I am a member of PLC <input type="checkbox"/> No, I am not a member, but I attend PLC regularly <input type="checkbox"/> No, I am not a member or regular attendee of PLC Church home other than PLC? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No | Are you involved in any of the following at PLC? (check all the apply and explain) <input type="checkbox"/> Bible study: _____ <input type="checkbox"/> Small group: _____ <input type="checkbox"/> Volunteering: _____ Is anyone of PLC aware of your situation? <input type="checkbox"/> Yes: _____ <input type="radio"/> You may contact them <input type="radio"/> You may NOT contact them <input type="checkbox"/> No |

Assistance Request**What specific help are you requesting?****What is the situation that has caused you to ask for assistance?****If assisted by PLC, how will you meet this need next month?****List all churches, agencies or organizations you have contacted for assistance.**

| Organization | Contact Person | Phone Number | Amount Received |
|--------------|----------------|--------------|-----------------|
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Employment History**Is anyone in your household unemployed due to disability?** **Yes**

- Applicant
- Spouse
- Other family member: _____

 No**List YOUR Employment**

| Full or Part Time | Employer | Title | Dates | Reason for Leaving |
|-------------------|----------|-------|-------|--------------------|
| | | | | |
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| | | | | |

| List Your SPOUSE'S/ROOMMATE'S Employment | | | | |
|--|----------|-------|-------|--------------------|
| Full or Part Time | Employer | Title | Dates | Reason for Leaving |
| | | | | |
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| Monthly Income and Expense Report | | | | |
|-----------------------------------|--------|-----------------------|--------|-----------------|
| Income | Amount | Expenses | Amount | Past Due Amount |
| Applicant's Wage | | Housing | | |
| Spouse/Roommate's Wage | | Housing Assistance? | | |
| Food Stamps | | Electric | | |
| Social Security | | Gas | | |
| Disability | | Water | | |
| Veteran's Disability | | Home Phone | | |
| Retirement | | Cable | | |
| Child Support | | Cell Phone | | |
| Family or Friends | | Car Payment 1 | | |
| Unemployment | | Car Payment 2 | | |
| Worker's Comp | | Gasoline | | |
| Other Agencies | | Auto Insurance | | |
| Other: | | Health Insurance | | |
| Other: | | Groceries | | |
| | | School Lunches | | |
| Checking Account Balance | | Medical | | |
| Savings Account Balance | | Child Care | | |
| | | Child Support | | |
| | | Loans | | |
| | | Credit Cards | | |
| | | Memberships | | |
| | | Other: | | |
| | | Other: | | |
| Total Income | | Total Expenses | | |

| | | |
|--------------------------------|-------|---------------|
| Car Information | | |
| Car 1 - Model: | Year: | Balance owed: |
| Car 2 - Model: | Year: | Balance owed: |
| Mortgage Company | | Phone |
| Address | | |
| Landlord/Apartment name | | Phone |
| Address | | |

| | |
|--|-------------|
| Release of Information | |
| <p>I hereby authorize the release of information to Prairie Lakes Church (PLC) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand PLC may verify the information on the application and the deliberate misrepresentation of information may subject me to denial of assistance.</p> <p>I give permission of PLC to discuss my case with other agencies, businesses, churches, attorneys, individuals and any others deemed necessary to verify the application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.</p> <p>I have read, understand and agree to the policies above the regarding the Release of Information.</p> | |
| _____ | _____ |
| Signature | Date |

Submit to:
 Care at Prairie Lakes Church
 1907 Viking Road
 Cedar Falls, Iowa 50613

If you are assisted by Prairie Lakes Church, consider a financial contribution when you are economically capable. This ensures that others can be helped when their need arises.

Direct questions to 319-266-2655 x119 or care@prairielakeschurch.org.

For Office Use Only

Application Received (date, person)

Member Status

Action Taken

Notes

Approval

Approved Declined

Explanation if declined