



BENEVOLENCE APPLICATION

Calendar Year:

Applicants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____

Cell phone: (____) _____ - _____

Spouse? If so, Name: _____

Children living in Household? If so, list names and ages.

Occupation: _____

Employer: _____

What is your monthly income? \$_____

Amount requested: \$_____

Reason for Request:

Do you regularly attend CHS: Yes / No (circle)

How long have you been a member of CHS? _____

Are you a CHS Tither or Giver? Yes / No (circle)

Do you have a home church? Yes or No (circle)

Have you contacted your home church? Yes or No (circle)

Have you contacted a Local Resource? Yes or No (circle)

Ie. #211 / Job & family services, Relink.org?

Do you have a case worker? Yes or No (circle)

Name _____

Phone: _____

Did someone or an Agency refer you to us? If so...

Name_____

Agency_____

Phone_____

Please describe in detail your “present challenge” ?

Debtor Name_____

Account Number_____

Contact Number_____

***Financial Ministry is Required for assistance**

Are you interested in Spiritual Counseling? Yes or No (Circle)

I agree that the above application is 100% truth. I understand that I can not submit another request until after 12 months.

X_____ **Date:**_____

(Applicants Signature)

Note: Be aware that there is an “allowance limit” per person/family within a 12 month period. All requests will be submitted for approval by our Pastor Council/Board and could take up to 48 hours for response. Note:

All funds distributed will NOT be in the form of cash. Financial help will be payable to the Debtor. Thank you for your understanding.

**COMMUNITY OF THE HOLY SPIRIT
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440.946.8636**