

## **Parkview Christian Church BENEVOLENCE PROCESS GUIDELINES**

The purpose of the Benevolence Fund is to provide financial aid to an individual who is in need on an urgent basis. The Benevolence Fund may not be applicable for cases which need long-term financial support. The church has the right to adjust or to disapprove an applicant's request and may consider providing assistance other than monetary help.

The preferred method of providing approved assistance is to pay for the applicant's need directly to the business provider. Assistance may also be provided in the form of goods or services. The type of aid that is appropriate depends on the individual's needs and available resources.

### **Basic Requirements**

1. Active participant in a local Church. (**Note: we will contact the church you list as your place of worship to verify attendance**) If you are not currently a regular attender of a church we will ask you to attend Parkview Christian Church for a minimum of one month (4 consecutive weeks) before funds are distributed. For attenders of other congregations we believe in supporting the body of Christ regardless of denominational background, however, we limit financial assistance to \$25.00 toward an approved need.
2. Need must be related to a short-term financial crisis (medical emergency, accidents, loss of job, etc.)
3. For non-members/ non-regular attenders of Parkview Christian Church, you may not have received financial assistance from SACRA within the past 90 days.

### **Exclusions – we can't assist with:**

1. Legal fees
2. Long-term and repetitive expenses
3. Telephone bills
4. Cable Television bills

**Special Note:** For food assistance we may be able to provide emergency help. However, money for payments is not distributed until the process is completed. We can't prevent utility cutoffs nor will be able to contact a utility vendor if your bill is to that point. Also we do not contact landlords concerning evictions notices.

If food is your need then we have other means at our disposal that we may be able to assist you with.

### **Benevolence Process**

1. Complete and submit the Benevolence Request Form.
2. An elder will contact an applicant regarding the request.

**Note: If you are requesting assistance with a utility or medical bill, a copy of the bill must be submitted with the application.**

3. Somebody from the eldership team will verify all information provided, including contacting the church you list as your home church. If you are not a regular attender of a local body then we will ask that you attend with us for a minimum of one month (4 consecutive weeks) prior to funds being distributed, there are no exceptions to this requirement.

4. Upon completion of the verification process, the Elder will submit the form to the Eldership team for approval (Note: typically, this will happen during the monthly meeting but can happen via email if it is an emergency).
5. The Eldership team will approve or deny the request, or ask for additional information.
6. If approved, the check will be distributed to the vendor.
7. An Elder may follow up with the recipient and give an update at the next Elder's meeting.

### **Additional Criteria**

At the discretion of the elders, you may be requested (if married, both husband and wife) to do one or more of the following prior to funds being distributed:

1. Provide documentation regarding your income, personal bank accounts and expenses.
2. Participate in financial counseling.
3. Take a class on biblical financial management or complete a workbook on biblical stewardship.

# Parkview Christian Church Benevolence Request Form

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

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

\_\_\_\_\_

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

Phone No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

1. Do you have a personal relationship with Jesus Christ?      Yes    No    Not Sure

2. Are you a member or regular attender of Parkview Christian Church?      Yes    No

3. If not where do you currently worship? \_\_\_\_\_

\_\_\_\_\_

4. Which best describes your attendance at Church?

Regular

Frequent

Sometimes

Seldom

Never

5. In your opinion which description best describes your financial situation?

Short term emergency

Short term problem

Long term problem

6. The total amount of your request is: \_\_\_\_\_

7. What is it for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If approved, who should we make the check or checks payable to? \_\_\_\_\_

\_\_\_\_\_

9. If this need is met how do you anticipate the handling this expense going forward? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you or any member of your household received financial assistance from another church or SACRA within the last 90 days?

Yes                      No

Names of the churches: \_\_\_\_\_

\_\_\_\_\_

11. Are you willing to receive financial counseling?      Yes      No

12. Are you currently employed?                      Yes                      No      Full time                      Part time

Name of Employer: \_\_\_\_\_

\_\_\_\_\_

13. If married, is your spouse employed?      Yes      No      Full time                      Part time

Name of Employer: \_\_\_\_\_

\_\_\_\_\_

14. Total number of people in the household: \_\_\_\_\_

15. Total weekly household income: \_\_\_\_\_

16. Briefly explain your needs and what led you to request assistance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

If married, signature of spouse \_\_\_\_\_

\_\_\_\_\_

**Church Use Only**

Status:              Approved via Email              Approved at Meeting              Need more information Denied

More information needed

\_\_\_\_\_

\_\_\_\_\_

Check dated Check # \_\_\_\_\_