



Benevolence Application

Bear one another's burdens and so fulfill the law of Christ.

—Galatians 6:2

Please read this page carefully before completing the application!

- ☞ Stonebriar Community Church (SCC) members, regular attendees, and people not associated with SCC may apply for financial assistance through our Benevolence Ministry. Members' and regular attendees' requests will be given priority for assistance; however, whenever possible the needs of people not associated with SCC will be carefully considered.
- ☞ **Although it is our sincere desire to provide financial assistance to all who ask, we are unable to consider any requests except those that are short-term in nature. We are not able to provide long-term assistance. Also, we do not help with childcare, long-term or chronic medical, credit card, taxes or legal expenses.**
- ☞ Upon completion of the Benevolence application, please return it to the SCC church office; mail to the Administrative Assistant to Pastoral Care Ministries (4801 Legendary Drive, Frisco, TX 75034); e-mail to (juliem@stonebriar.org); or fax to (469-252-5255). Please feel free to take this form home for completion at your convenience.
- ☞ Once SCC has received an application it will be reviewed and information verified. Applicants will be asked to meet with the Administrative Assistant to Pastoral Care Ministries and/or will be called by the AA to discuss the requests. If applicant meets SCC guidelines, an interview will be scheduled with the Benevolence Committee by the AA to Pastoral Care Ministries. *(If applicant is married, the husband and wife are both expected to attend the interview.)*
- ☞ Interviews are scheduled on Monday nights starting at 6:30 p.m. *(There may be times when special meetings are arranged to meet the needs of the applicant.)*
- ☞ When an interview is scheduled with the Benevolence Committee the **applicant must:**
 - Come to the SCC reception area at the scheduled time and wait for a committee member to provide an escort to the interview. *(Please call 469-252-5203 before 5 p.m. on scheduled day if unable to attend the interview.)*
 - Bring to the interview **only copies** of bills, invoices, eviction notices, paychecks, and other documentation that may assist the Benevolence Committee in accurately understanding your financial situation. *(The committee will not accept any original bills or invoices.)* If financial assistance is requested, bills must be in the individuals name requesting the assistance. If funds are approved and available, check(s) will be made payable only to the service provider(s) to whom bill(s) are owed; *(e.g., mortgage company, utility provider, etc.)*.
 - Follow up all recommendations made by the committee; *(e.g., contact a Crown Ministries Budget Counselor, HOME Team, Pastoral Counseling, or other services and/or organizations.)*
- ☞ All information provided on the Benevolence application, to the Administrative Assistant to Pastoral Care Ministries, and/or Benevolence Committee will be kept as private as possible, so please be open and honest in responding to questions. It is likely that during the application process, your information may be reviewed by members of our church staff, Pastors, Elders and our Adult Fellowship Leadership. We are not here to judge anyone, but rather to provide compassionate assistance according to our guidelines and available resources in time of difficulty.
- ☞ In order for applicants to discuss these issues candidly and without distraction, it is requested that applicants arrange for childcare during the interview with the Benevolence Committee.
- ☞ The Benevolence process may take up to two weeks. Failure to bring required documents could delay the process. Filling out this application and/or an interview with the Benevolence Committee **does not** guarantee that monetary assistance will be provided.

Special Note to Applicant: Please keep this page of the application for your review and compliance.



Stonebriar
community church
Benevolence Application

Today's date							
Name(s)							
Address							
City		State		Zip code			
County		E-mail address					
Home phone		Work phone		Cell phone			
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Widow/Widower		<input type="checkbox"/>					
Applicant's SS #				DL #			
Spouse/Roommate name							
Spouse/Roommate SS #				DL #			
Length of residency in Frisco: Years					Months		
Length of residency at current address: Years					Months		
How did you hear about Stonebriar Community Church (SCC)?							
Who referred you to SCC?							
Have you or anyone else in your household been assisted by SCC?							
If yes, when was the assistance provided?							
Church Affiliation:							
Are you a	SCC member	<input type="checkbox"/>	Regular attendee	<input type="checkbox"/>	Visitor of SCC?	<input type="checkbox"/>	
If visitor, when was the last time you attended?							
Are you involved in an adult Bible fellowship, Bible study, or volunteering at SCC? If yes, which ones?							
Is there anyone at SCC who knows your situation? If yes, who?							
May we contact them? (Provide contact information)							
Do you have a church home other than SCC? If yes, where?							

In order to determine how and/or if we can be of assistance, please complete the following questions: *(Use back of page if necessary.)*

What is your need today and what specific help are you requesting?
What is the crisis or situation that has caused you to ask for assistance?
If assisted by SCC, how will you pay for next month's rent/utilities, etc?
Have you filed Bankruptcy before? Please provide details and circumstances.

Have you been assisted by any other church/agency/organization? If yes, provide name and assistance received. *(Use back of page if necessary.)*

If you are not associated with SCC and living outside of Collin County, you must contact organizations in your own county before we will process your application. Please list all churches/agencies/organizations you have contacted for assistance. Please specify the provider, contact person, and phone number for each. *(Use back of page if necessary.)*

1.
2.
3.

List all persons living at the address listed on page 2:

First/Last Name	Sex	Age	Grade	Employment /School	Relationship to Applicant

Employment History:

Is anyone in your household unemployed due to disability?
Are they receiving disability benefits?

Please list your present/past employment:

	Place of Employment (full and/or part-time)	Dates of Employment	Duties	Reason for Leaving
Current				
Current				
Past				
Past				

Please list your spouse's/roommate's present/past employment:

	Place of Employment (full and/or part-time)	Dates of Employment	Duties	Reason for Leaving
Current				
Current				
Past				
Past				

Total Household Income/Monthly Expense Report

Income	Income Amount	Types of Expense	Expense Amount	Past Due Amount
Wage 1 (name)		Housing		
Wage 2 (name)		Electric		
Social Security		Gas		
Disability		Water		
Veteran's Disability		Phone/ Long Distance		
Retirement		Cable		
Food Stamps		Cell Phone		
Family		*Car Payment 1		
Friends		*Car Payment 2		
Unemployment		Gasoline		
Workers Comp		Auto Insurance		
Child Support		Home Insurance		
Other Agencies		Health Insurance		
Any Other Income		Groceries		
Checking Acct. Balance		School Lunches		
Savings Acct. Balance		Medical		
		Child Care		
		Child Support		
		Loans (explain purpose)		
		Credit Cards		
		Club Memberships (Gym, tanning, etc.)		
		Others (explain purpose)		
*What model and year of cars are you driving?		*Is the car yours? *Balance owed on cars?		
Total Income		Total Expenses		

Mortgage Company
Address
City, State, Zip
Phone #

Landlord/Apartment Name
Address
City, State, Zip
Phone #

If you are assisted by Benevolence please consider a financial contribution when you are economically capable. This ensures that others can be helped when there need arises.

Release of Information

I hereby authorize the release of information to Stonebriar Community Church (SCC) 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 SCC may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for SCC to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature _____ **Date**

A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another. John 13:34

Office Use Only:	
Member Status	
Date of Entry	
Organizational Involvement	

4801 Legendary Drive Frisco, TX 75034 www.stonebriar.org phone 469-252-5200 fax 469-252-5255