

# Full Gospel Tabernacle

## Benevolence Request Application

### APPLICANT INFORMATION

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

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

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

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

Are you a member/adherent of Full Gospel Tabernacle? Yes or No \_\_\_\_\_

Are you a member/adherent of another church? If so, which church: \_\_\_\_\_

Have you received financial assistance from FGT in the past? \_\_\_\_\_

If so, when was the last time you received financial assistance and what was the nature of the assistance given? \_\_\_\_\_

Have you received assistance from the local food bank in the past? \_\_\_\_\_

If so, when was the last time you received assistance? \_\_\_\_\_

How many in your family? \_\_\_\_\_ What ages? \_\_\_\_\_

### EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Hourly – Salary (please circle one) \_\_\_\_\_

Weekly Gross Income: \_\_\_\_\_

Is your spouse employed? Yes or No? \_\_\_\_\_

Spouses Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

How long have they worked there? \_\_\_\_\_

Hourly – Salary (please circle one) \_\_\_\_\_

Weekly Gross Income: \_\_\_\_\_

### MONTHLY DEBT OBLIGATIONS

Creditor (Mortgage, Auto, Credit Card, etc)	Monthly Payment
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**PLEASE ATTACH PROOF OF CREDITS AND DEBITS (EX: Bank Statement)** Total Monthly Payments

\_\_\_\_\_

# REASON FOR BENEVOLENCE REQUEST

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## FOR OFFICE USE ONLY

\_\_\_\_\_  
*Amount and Type of Assistance Approved*

\_\_\_\_\_  
*Signature of Church Board Treasurer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Church Board Secretary*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Pastor*

\_\_\_\_\_  
*Date*

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