



## THE WORSHIP CENTER CHRISTIAN CHURCH BENEVOLENCE FUND GUIDELINES

Please read carefully before completing and submitting this application.

*Initial Here*

- \_\_\_\_\_ 1. We are able to offer various forms of benevolence assistance to every member, attendee, and community member. However, some forms of assistance are only offered to members of The Worship Center. If you are not a member of The Worship Center, you are encouraged to contact your home church for assistance. Non-member assistance is limited to the different forms of counseling, support groups, financial coaching and mentoring. The following are provided to assist you in stabilizing your financial situation as well as develop healthy, biblical and financial practices for a more secure future.
- \_\_\_\_\_ 2. Membership at The Worship Center is defined as one having completed TLC (Total Life Changes) Membership Classes. If you have questions regarding church membership, please contact the Chief Ministry Officer.
- \_\_\_\_\_ 3. All forms of assistance are considered a process of helping the individual acquire the biblical disciplines and skills not only to maintain and manage their own affairs, but to also grow and become a resource of wisdom and knowledge to minister to others. We will not participate in supporting a life style or decision process that is not biblical. Potential recipients of any type of assistance must participate in guidance counseling and mentoring as requested by the benevolence team.
- \_\_\_\_\_ 4. If you are a member of The Worship Center and have received assistance in the past, it is expected that you followed through on all recommendations from the Benevolence Team. The responsibility to follow through on your commitments rest with the individual and will affect any potential assistance received in the future.
- \_\_\_\_\_ 5. The Benevolence Team has the right to deny assistance to any applicant.

**AGREEMENT:** I have read and understand each of the above qualifications. I understand that in applying for assistance, I am willing to allow The Worship Center Christian Church to not only assist me by possibly offering some form of short-term assistance, but I will also accept and follow through with any long-term guidance provided to resolve my present situation. I agree to continue my personal growth by attending financial classes and seminars offered within the year. I also agree to become an active member in an active ministry. I fully understand that if this application is not fully completed and if the budget is not attached, it will not be processed. I also fully understand that I will be contacted in 48 hours to confirm receipt of this application and that it will take the Benevolence Team a minimum of five business days to process my request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upon fully completing this application, please return to:**

Benevolence c/o The Worship Center Christian Church, 9553 Parkway East, Birmingham, AL 35215.

If you have questions please call (205) 451-1750 or email [benevolence@theworshipcentercc.org](mailto:benevolence@theworshipcentercc.org).

# BENEVOLENCE APPLICATION

(This is a confidential application for review by the Benevolence Team only.)

*Our Benevolence program is designed to help our church family. In order to be considered this application and a financial profile must be filled out completely.*

## Please Print

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Driver's State \_\_\_\_\_ License Number \_\_\_\_\_

Marital Status:     Married     Separated     Divorced     Single     Widowed

Names & ages of children currently living with you


How long have you lived at your address? Years \_\_\_\_\_ Month \_\_\_\_\_ Do you Own or Rent? \_\_\_\_\_

## AUTO INFORMATION:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Are you a member of TWC?     Yes     No    If no, how long have you attended TWC? \_\_\_\_\_

If yes, have you been a member for more than 6 months?     Yes     No

Have you completed TLC (Total Life Change)?     Yes     No

What past and present Ministries have you served in at TWC? \_\_\_\_\_

Where does your closest relative live? \_\_\_\_\_

Does he/she know about your need?     Yes     No

Are you receiving assistance from any other source?     Yes     No    (Examples: Family, SDI, Unemployment, Other Churches)

If yes, please give source(s) of assistance and amount/type of assistance received. \_\_\_\_\_

Current Employer:    Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's Employer    Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

If unemployed, please list when and where you were last employed:

Name \_\_\_\_\_ Date of Termination \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

What other resources offered at TWC have you pursued? (Example: Church Counseling or Financial Counseling) \_\_\_\_\_

Have you applied or received assistance from TWC in the past?     Yes     No    Amount: \$ \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If we offer assistance, you will be required to participate in a financial program (Financial Peace) at The Worship Center Christian Church. Are you willing to make this commitment?  Yes  No

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_ (required)

Please state a summary of your need/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What event/s has occurred that have prompted your need for assistance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRIORITIZE YOUR NEED/S:**

Description of Expense	Purpose	Payable to	Amount

**FOR OFFICE USE ONLY:**

**MEMBERSHIP VERIFICATION:** Member  Yes  No      Date Joined \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**DATE RECEIVED BY FINANCE DEPT** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**STATUS:**  Approved  Denied      **AMOUNT AWARDED \$** \_\_\_\_\_

Committee Finding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Benevolence Committee Member #1	_____ Elder A. Cunningham
_____ Benevolence Committee Member #2	_____ Elder S. Rayborn
_____ Benevolence Committee Member #3	_____ Elder V. Davis

# **BUDGET ANALYSIS**

ANALYSIS MUST BE COMPLETED IN ORDER TO APPLY FOR BENEVOLENCE

Per Year \$ \_\_\_\_\_

Net Spendable Income

Per Month \$ \_\_\_\_\_

Per Month \$ \_\_\_\_\_

MONTHLY PAYMENT CATEGORY	EXISTING BUDGET	MONTHLY GUIDELINE BUDGET	DIFFERENCE + OR -	NEW MONTHLY BUDGET
1. Tithe				
2. Tax				
Net Spendable Income (per month)	\$ _____	\$ _____	\$ _____	\$ _____
3. Housing				
4. Food				
5. Auto				
6. Insurance				
7. Debts				
8. Enter./Recreation				
9. Clothing				
10. Savings				
11. Medical				
12. Miscellaneous				
13. Investments				
14. School/Child Care				
Totals (Items 3-14)	\$ _____	\$ _____		\$ _____