

Servant of Nations Benevolence Application

(*) Required Fields

*First Name: _____ *Last Name: _____

*Address: _____ *Your E-Mail Address: _____

*City: _____ *Zip: _____

*Home Ph: _____ *Work Ph: _____

*DOB: _____ . *Marital Status: Married Separated Divorced Single

Children and their ages: (enter "none" for no children) _____

*How long have you lived at your current address: _____

*Do you own or rent your home? Own Rent

How did you hear about SERVANT OF NATIONS? _____

I am a member: Yes No If YES, how long? _____

I am an attendee: Yes No If YES, how long? _____

I am a part of a Small Group: Yes No Small Group Leader's Name: _____

Ministries Serving: _____

I am a member/attending another church: Yes No Church Name: _____

*Please give one personal reference of someone who has known you (other than a family member) for at least one year.

*Name: _____ *Phone: _____

*Address: _____ *City: _____

*State: _____ *Zip: _____

*Where does your Closest relative live? _____ *City: _____ *State: _____

*Does he/she know about your need? Yes No

*What is your total monthly income at this time? Total \$ _____

(List monthly income of each contributing family member separately.)

Enter "none" in fields that do not apply.

Income No. 1: \$	Income No. 4: \$
Income No. 2: \$	Income No. 5: \$
Income No. 3: \$	Income No. 6: \$

*Are you currently receiving assistance from any other source? Yes No

If yes, please give source of assistance and amount/type of assistance received.

*Current Employer: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

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

Date last employed: _____ Name of last employer: _____

Address: _____ City: _____ Zip: _____

Phone: _____

*If we are unable to assist you, what other options do you have? _____

*Are you currently tithing (10% of income to a Church)? Yes No

If yes, where _____

*Have you received assistance from Servant of Nations or another source in the past year?

Yes No Source(s): _____

*Have you received any financial counseling in the past? Yes No

*Are you willing to take part in a financial planning program at Servant of Nations? Yes No

*Tell us about your need and how you feel we can best help you.

Include what life circumstances brought you to this place.

Please list ALL Bills that need to be paid in the next 3-4 weeks **OR** provide a copy of Bill:

Name on Account: _____ Account Number: _____

Company: _____ Company Phone Number: _____

Billing Address (if different then above): _____

Name on Account: _____ Account Number: _____

Company: _____ Company Phone Number: _____

Billing Address (if different then above): _____

Name on Account: _____ Account Number: _____

Company: _____ Company Phone Number: _____

Billing Address (if different then above): _____

Signature of Applicant: _____ Date: _____

Servant of Nations Response & Plan:

Approval Signature: _____ Date: _____