

Request for Benevolence Assistance from Brookside Church

The purpose of Brookside Church's Benevolence Fund is to assist Brookside members and regular attenders who are in short-term, non-recurring, financial hardship.

1. Before proceeding to fill out this benevolence request form (included on next pages), please read through the following guidelines carefully to discern whether you are eligible for financial assistance.

- Recipient must submit the request in person to Brookside Church-Millard campus (11607 M Circle, Omaha, NE 68137). Requests will not be accepted on behalf of someone else.
- Person requesting funds must be a member or regular attender of Brookside Church. A regular attender is defined as someone who has been attending Brookside Worship Services regularly for at least 6 months and purposes to live their life on biblical principles.
- The request form needs to be accompanied by a copy of all relevant bills/invoices prior to approval. Designated church office personnel will verify this before the request is given to the Benevolence Committee.
- The Benevolence Committee (a group of volunteers, including no one on Brookside's staff) agree to either approve or deny payment of expenses. A partial approval may also be agreed upon by the committee.
- Once the request form is filled out and relevant bills are attached, please bring these items to the church office (see "office hours" below - #3) to formally submit your request (Attn: Brad Zook, Care Ministry).
- Please allow a minimum of seven business days to process any checks for those requests that are approved.
- Financial information and/or budget counseling may be required either prior to or after an approved request.

2. Printing legibly, please complete the form on the next pages in its entirety.

3. Return this completed request form AND copies of any relevant bills/invoices to Brookside Church-Millard Campus during office hours (M-Th, 9:00am-4:00pm). Please compile all this information in an envelope and mark the envelope "Brookside Benevolence, ATTN: Brad Zook, Care Ministry"

4. Once these steps have been completed and your request processed, a member of the Brookside Benevolence Committee will initiate contact within three business days with further questions and/or to discuss whether or not the request is approved.

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Yes, I have read and agree to Brookside's Benevolence Guidelines listed on the previous page. Initial here: _____

Your name: _____ Spouse (if applicable): _____

Address: _____ Phone: (_____) _____

_____ E-mail: _____

Total number of people living in household: _____

In the blanks below, list names and ages of everyone living in the household. Also include their relationship to you:

<u>NAME / AGE</u>	<u>RELATIONSHIP</u>	<u>NAME / AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total amount requested: \$ _____

Breakdown of help requested:

Organization / company owed	Amount of bill	Recurring expense?	Notes / comments
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____

How long have you been attending Brookside Church? _____

On average, how many Sundays per month do you attend? _____

Are you involved in any ministry at Brookside – either as a volunteer or participant (for e.g., Community Groups, Host Team, Children's Ministry, serving in Local or Global Impact ministries, etc...)? Please list any ministries you've been involved with below:

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Place of employment (please indicate either FT or PT employment): _____ FT / PT

If you're not currently employed full time, please briefly explain why.

Have you received financial assistance from any other individual or church within the last six months? (If you answer yes, please briefly explain.)

Have you ever previously received financial counseling of any kind? YES NO

Short summary of circumstances: _____

Signature of requestor: _____ **Today's Date:** _____