

BENEVOLENCE PACKAGE

Word of Life Benevolence Program

The Purpose of the Benevolence Fund is to meet people's basic needs on a short-term, one-time basis. Please note the following about our program:

- Contributions for Benevolence purposes may not be designated for a particular purpose or receipts due to IRS regulations regarding tax-deductible donations. At its discretion, the Church Leadership may choose to decline designated or earmarked contributions.
- The benevolence program is intended as a last resort. It is to be used after the family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, or investments. It is to be temporary help during a crisis or other hardship.
- Assistance from Benevolence is also intended to be a one-time gift. However, in unusual circumstances, the Leadership may provide more than one helping.
- Disbursements may not be issued as a loan for any reason. It is not to be repaid in part or full in any way.
- Those requesting assistance must be willing to receive financial, family, spiritual, or emotional instruction.

The Church Benevolence Program will not provide help for any of these requests for assistance:

1. School expenses, business investments, or anything that brings financial profit to the individual or family.
2. Paying off credit cards. (Exceptions can be made when an individual has had to use a credit card in a crisis or emergency (e.g., hospitalization, death, etc.)
3. Needs of individuals who are wanted by the law or paying fines as a result of breaking the law.
4. Housing for unmarried couples.
5. Legal fees arising from criminal behavior.
6. Penalties relating to late payments or irresponsible actions.
7. Private School tuition.
8. Business ventures or debts.
9. Gambling debts.
10. Security deposits.
11. Adoption assistance.
12. Child care.
13. Vehicle payments.
14. Alimony/child care payments.
15. Discretionary expenses.
16. Insured losses.
17. Projected and future needs.

Levels of Assistance

- Basic (up to \$100.00 per situation):
- Leadership may approve another level of assistance in any single situation.
- Repeat support at this level places the assistance at the ADVANCED level.
- The Benevolence Program Leadership will review all gifts made at this support level annually to determine if any policy modification is required.

Benevolence Request Procedures

(We do not give out same-day assistance)

Word of Life Church (WOLC) wants you to know that we will prayerfully consider every request for assistance. One of the first things we do is establish the nature of your need and the best way we can help.

As a church, our primary responsibility is to teach people how to “live by faith” according to the Word of God and trust Him to supply their needs. We are also a 501c3 non-profit organization that the IRS looks at as a business. We are responsible to them as to how we use the resources of this ministry.

Our first priority is to help the core members of Word of Life Church, then consider how we may be able to assist non-members. To do this, we will need all the available documentation you can provide for us to review to see how to help you through your situation best. This does not guarantee assistance; it means we will assess your situation first. To proceed, we require the following steps:

1. A meeting with a financial specialist and/or Pastoral Care with WOLC
2. Contact immediate family and relatives to request assistance...your first assistance should come from your family.
3. If you are a member of another church, please contact your home church.
4. Fill out the Benevolence request application after following steps 2 and 3.
5. Once the application is complete, Pastoral Care will also need the following information to continue processing your request:
 - a. Documentation verifying your needs (copy of past due bill notices, contact information from creditors).
 - b. Names and phone numbers of family members and others you have asked for help for verification.
6. You will then leave the requested information with Pastoral Care for review and decide based on the information provided.
7. We may only consider your request if all the information on the application is completed.

Thank you for contacting WOLC and allowing us to minister to you. Please contact Pastoral Care at 769-216-3650 ext. 262 if you need further assistance. We will be standing with you in prayer for God to supply all of your needs according to His riches in Glory by Christ Jesus. **(Philippians 4:19)**

Benevolence Process (Office Only)

1. Have the person requesting to complete a Benevolence request application form in CCB
2. Review the benevolence application
3. Check the following before meeting with the applicant
 - a. Check WOLC Benevolence Database (a database the Financial Department keeps of benevolence recipients in the past).
 - b. Check the Mississippi Benevolence Database (msdbd.org), a database of non-profits and churches across the state that shows benevolence recipients.
 - c. A and B show the type of assistance received and comments on the benevolence to help us decide if the applicant is eligible for assistance.
4. Set a time with Pastoral Care to meet with the applicant
5. Meet with Pastoral Care team to establish if the request will be approved or declined
 - a. If declined, refer the applicant to a resource from the Pastoral Care and Benevolence resource book of an organization that may be able to assist.
 - b. If approved or declined, schedule a time with the Financial Specialist (Jim Best)...based on the circumstances.
6. If Benevolence is granted, the person must have the following information
 - a. Valid identification (Driver's license or State issue identification)
 - b. Documentation supporting the need for assistance

Benevolence Considerations (Staff Only)

Know the answers to these questions

- What is the status of those requesting consideration for help?
 - Married
 - Single
 - Divorced
 - Separated
 - Living together
 - Widowed
- What is the reason they are looking for help?
 - Tragedy
 - Loss of job
 - How long ago
 - SSI
 - Workers Compensation
 - Illness
 - No financial plan (budget)
 - Looked for financial counseling
- Have they contacted family and or friends for help?
 - If so, who?
 - When?
 - What did they do?
- What resources do they have they can liquidate to help themselves?
 - Savings
 - Investments
 - Insurance
 - Stocks
 - Bonds
 - Securities
 - Property
- Do they understand they are ultimately responsible for taking care of their situation regardless of what help and or assistance they may receive?
- Do they understand our responsibility is to teach people how to live by faith, and that the church does not exist to give financial assistance except for temporary situations which may require immediate help in some form as the ministry deems necessary?
 - We cannot give ongoing assistance, only short term.
- Are they willing to follow the Benevolence Request Application step by step to provide all the necessary information we need in order to make a determination on what form of help we may provide them?
 - Note: without this we will not proceed any further in the process as it is totally their responsibility to take all the necessary steps in the process

- Have we verified the information provided to make sure the information provided is fully vetted before any appointment is made with them to get a workable plan of action for them now and going forward?
- Are they willing to sign a statement that all information provided is legitimate?
- Are they willing to provide us with a Driver's License to copy for our records?

Word of Life Church Application for Assistance

(Completion of this application does not guarantee assistance)

Date: _____

A. Criteria for considering your request:

1. Membership and Church involvement

Yes, I am a member of Word of Life Church

I attend Word Of Life Church regularly

Frequency of attendance: __weekly __twice a month __once a month __less than monthly

No, I am not a member of Word of Life Church

I have never attended Word of Life Church

Brief explanation _____

Do you currently serve at Word of Life Church?

Yes Where? _____ How long? _____

No

Are you part of a Life Group? __Yes __No

If yes, name(s) of group(s) _____

2. I release Word of Life Church Benevolence leadership to the following

__Assess previous financial requests

__Request further supporting documentation

__Contact references

B. Personal Information

Last Name _____ First _____ MI _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____ Email _____

Date of Birth ___/___/___ Age _____

Marital Status: __Single __Engaged __Married __Separated __Divorced __Widowed

C. Spouse Information

Last Name _____ First _____ MI _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____ Email _____

Date of Birth ___/___/___ Age _____

D. List all others individuals sharing your household:

Name	Age	Date of Birth	Relationship	Monthly Income
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____

E. Please list your specific requests:

Amount	Description of Need	By Date
\$ _____	_____	___/___/___
\$ _____	_____	___/___/___
\$ _____	_____	___/___/___

F. Briefly, what events led to your needing assistance? (If you need more room, please use additional paper). _____

G. Applicant's Employment History

Present/Most recent Employer _____

Position and brief Job Description _____

Employer's Address _____ Phone _____

Employment Dates: From ___/___/___ to ___/___/___

If unemployed, how long? _____ Are you currently seeking employment? __Yes __No

If 'no', why not? _____

If 'yes', what steps are you taking to seek active employment? _____

H. Spouse's Employment History

Present/Most recent Employer _____

Position and brief Job Description _____

Employer's Address _____ Phone _____

Employment Dates: From ___/___/___ to ___/___/___

If unemployed, how long? _____ Are they currently seeking employment? __Yes __No

If 'no', why not? _____

If 'yes', what steps are they taking to seek active employment? _____

I. Housing

Own/Purchasing Renting How long at your present address? _____

Landlord/Mortgage Company _____

Address _____

Street

City

State

Zip

Previous

Address _____

Street

City

State

Zip

How long were you there and why did you move? _____

J. Additional Information

Have you contacted anyone else for assistance within the last six months? Yes No

If so, please specify: Family Friends Churches Agencies

Are the above assisting you with your needs? Yes (Amount \$ _____) No

If no, why not? _____

What steps are you taking to improve your present situation? _____

H

Have you requested or received assistance from Word of Life Church before? Yes No

If yes, when did you make the request and what amount was received? Date ___/___/___ \$ _____

K. References

Name (First and Last)

Relationship

Phone Number

L. Any Additional Note:

M. Financial Overview

Monthly Income Sources

Job # 1 (Take Home Pay)	\$ _____
Job # 2	\$ _____
Spouse's Job # 1	\$ _____
Spouse's Job # 2	\$ _____
Child/Spousal Support	\$ _____
Retirement	\$ _____
Social Security	\$ _____
SSI/Disability	\$ _____
Food Stamps/WIC	\$ _____
Other Income	\$ _____
Total Monthly Income	\$ _____

How often are you paid? _____

Monthly Expenses Incurred

Rent/Mortgage	\$ _____
Car Payment(s)	\$ _____
Auto Insurance	\$ _____
Auto Expenses (Gas/Oil)	\$ _____
Utilities (Electric/Gas/Water)	\$ _____
Food (Groceries & Eating out)	\$ _____
Phone	\$ _____
Cable	\$ _____
Day Care	\$ _____
Child/Spousal Support	\$ _____
Furniture/Appliances	\$ _____
Credit Cards	\$ _____
School Loans	\$ _____
Bank Loans/Other	\$ _____
Lottery Tickets/Gambling	\$ _____
Personal Care	\$ _____
Pet Care	\$ _____
Total Monthly Expenses	\$ _____

\$ _____

Income - Expenses = \$ _____

N. Release Information

I hereby authorize the release of information to Word of Life Church to receive the assistance I am requesting. I further certify that the information I have stated is true and correct and that all income has been reported. I understand that Word of Life may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I permit Word of Life Church to discuss my case with other agencies, businesses, churches, employers, 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: _____