

Clear Lake Bible Church
BENEVOLENCE APPLICATION (NON-MEMBER)

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:	How long?
Have any legal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	May we contact authorities to verify? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION

This is a <input type="checkbox"/> Current employer <u>OR</u> <input type="checkbox"/> Previous employer		
Employer:	How long?	
Phone:	Supervisor:	Release date:
City:	State:	ZIP Code:
Other income amt:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual income:

REFERENCE INFORMATION

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

DETAILS OF FINANCIAL NEED

Amount requested now:	Original amount needed:	Date needed:
Received help from CLBC previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		Amount:

Number of people in need:	Are they on life support equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names:	Relationship: Age:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Specific use of assistance: Housing Food Medical Utilities Other _____

	Recipient of Funds	Type	Amount	Address	Contact name
1.					
2.					
3.					
4.					

ACTION TAKEN

Interviewed by:	Interview date:	Recommendation: <input type="checkbox"/> Deny request <input type="checkbox"/> Approve request in full <input type="checkbox"/> Pending approval by pledge Amount pledged:
-----------------	-----------------	--

