

***Attention: Please read this page
before filling out the application.
If you do not provide what is needed, we cannot help you.***

- **SCC CANNOT GIVE ANY IMMEDIATE HELP.** Allow up to 3-4 weeks for processing and please understand that we cannot guarantee anything.
 - Any bill submitted must be due in the current month.
- **WE CANNOT ACCEPT ORIGINAL BILLS** – YOU must provide copies. SCC will only make a color copy of your DL or picture ID.
- **WE WILL NOT CONSIDER OR PROCESS AN INCOMPLETE APPLICATION. Please check to be sure you have completed every page.**

It is your responsibility to provide proper documentation. We will not consider anything that is not listed on Page 5 as a “Need.” The amount listed must match EXACTLY the amount on the bill. Do not estimate or round off the amount.

Benevolence applicants must have the following items clearly printed on all attached bills (both those paid manually and those paid online):

Name on the account
Account/Policy/Loan Number
Mailing address for payment
Payment Amount due

If any of these are missing, the bill will automatically be eliminated from possible consideration and we will not notify you to make corrections.

- We **do not** provide cash payments. Any assistance will be made by **check only** (no money orders or cashier’s checks), payable to the vendor or service provider(s): (mortgage company, utility company, etc.).

We require three working days to process applications. During this time there will be no communication regarding the status of your application.

Stonebriar Community Church, 4801 Legendary Drive, Frisco, TX 75034 469-252-5200

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Stonebriar Community Church Benevolence Application

Today's Date*

***Required**

| | | | |
|--------------------------------|---------|---------|----------|
| Your Name* | | | |
| Your Address* | | | |
| City* | County* | State | Zip Code |
| How long have you lived there? | Years: | Months: | |
| ¹ E-mail Address * | | | |
| Phone:* Home | Work | Cell | |

¹E-mail is our primary means of communicating with you. If you do not have e-mail, please provide a phone number where you can always be reached.

Other adults (18 or older) living at your address²

| Name* | Relationship to you* | Release?* |
|-------|----------------------|-----------|
| | | |
| | | |
| | | |
| | | |

²Each adult must complete and sign a Release Authorization. Attach release forms to the Application.

| |
|---|
| How did you hear about Stonebriar Community Church? |
| Who referred you to Stonebriar Community Church? |
| <i>Has anyone in your home ever applied for assistance or been helped by SCC?*</i> |
| <i>If yes, when? (List all applications and assistance since 1999.)*</i> |
| |
| |

Church Affiliation

Please check the appropriate box*

| | | |
|---|---|--|
| <input type="checkbox"/> SCC Member/Attendee ³ | <input type="checkbox"/> Attend Other Church ⁴ | <input type="checkbox"/> No church affiliation |
|---|---|--|

³SCC Members/Attendees

| | |
|--|----------------------|
| Which Adult Bible Fellowship or Home Fellowship? | |
| Does anyone at SCC know your situation? | |
| If so, who? | May we contact them? |

⁴Attend Other Church

| | | |
|--|-------|------------------|
| Which church? | | |
| Have you applied for assistance there? | When? | Did they assist? |
| If so, who did you deal with? | | Phone: |

List all persons under 18 living at your address*

| First/Last Name | Sex | Age | Grade | Employment /School | Relationship to Applicant |
|-----------------|-----|-----|-------|--------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than four adults are in the household, please provide their information on a separate page.

Employment History*

| |
|---|
| Is anyone in your household unemployed due to disability? |
| Is anyone in the household receiving disability benefits? |

Please list you and your spouse's present/past employment*

| | Place of Employment | Dates of Employment | Current or Previous | Reason for Leaving |
|--------|---------------------|---------------------|---------------------|--------------------|
| You | | | | |
| You | | | | |
| Spouse | | | | |
| Spouse | | | | |

Please list current employment of other adults in the household*

| | Individual's Name | Employer | Dates of Employment | Reason for Leaving |
|---|-------------------|----------|---------------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

To determine how and/or if we can assist, please provide the following information (*Use separate page if necessary.*)

| What is your need today and what specific help are you requesting?* | | |
|---|---------------------------------|-------------------------------|
| A. Need (Example: Electricity) | B. Provider (Example: Co/Serve) | C. Amount (Example: \$153.00) |
| | | |
| | | |
| | | |
| | | |

I understand that SCC Benevolence does not pay penalties for late payments (“late fees”)

Signature: _____ *

To assist with rent payments, we must have your landlord’s IRS Form W-9. Before submitting your application, contact your landlord and either obtain a copy of the W-9 or determine that he/she has filed one with us within the last 5 years.

What is the crisis or situation that has caused you to ask for assistance?*

If assisted by SCC, how will you pay for next month’s rent/utilities, etc.?*

Have you filed bankruptcy before? Please provide details and circumstances.*

Monthly Household Income*

| Sources | Recipient | Amount | Documentation | |
|-----------------------------|---------------|----------------------------------|------------------------|--|
| Wages/Salary | | | | |
| Wages/Salary | | | | |
| Wages/Salary | | | | |
| Wages/Salary | | | | |
| Social Security | | | | |
| SSI Disability | | | | |
| VA Disability | | | | |
| Retirement | | | | |
| Food Stamps | | | | |
| Family | | | | |
| Friends | | | | |
| Unemployment | | | | |
| Workers Comp | | | | |
| Child Support | | | | |
| Other Agencies | | | | |
| Any Other Income | | | | |
| | | | | |
| Total Monthly Income | | | | |
| | Assets | | | |
| Checking Acct. Balance | | | | |
| Savings Acct. Balance | | | | |
| IRA/Retirement Fund Balance | | Loan Balance (Still owed) | Net Asset Value | |
| Value of Car 1 | | | | |
| Value of Car 2 | | | | |
| Value of House | | | | |

Do not include highlighted amounts in the monthly totals.

Monthly Expense Report*

| Expense Category | Monthly Payment* | Current Amount Due* | Percent of Income | Bill Attached |
|--------------------------------------|------------------|---------------------|-------------------|---------------|
| Rent/Mortgage | | | | |
| Electric | | | | |
| Gas | | | | |
| Water | | | | |
| Cable/Internet | | | | |
| Phone/Cell Phone | | | | |
| Car Payment 1 | | | | |
| Car Payment 2 | | | | |
| Gasoline | | | | |
| Auto Insurance | | | | |
| Home Insurance | | | | |
| Health Insurance | | | | |
| Groceries | | | | |
| School Lunches | | | | |
| Medical | | | | |
| Child Care | | | | |
| Child Support | | | | |
| Consumer Loans: (Balance \$_____) | | | | |
| Credit Cards: (Balance \$_____) | | | | |
| Memberships (Gym, spa, etc.) | | | | |
| Other Expenses (explain purpose) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Monthly Expenses | | | | |

Do not include highlighted amounts in the monthly totals.

Assistance by others*

Have you been assisted by any other church/agency/organization? Please list all churches, agencies, or organizations you have contacted for assistance. Provide the agency name and the name/phone number of the person you contacted. If you are a member or regular attendee of another church, you must apply there first. If you are not an SCC member or regular attendee and you live outside of Collin County, you must contact organizations in your own county before we will accept your application.

Churches/Agencies/Organizations Contacted*

| | |
|--------------------------------|-------|
| 1. Agency: Person contacted | Phone |
| 2. Agency: Person contacted | Phone |
| 3. Agency: Person contacted | Phone |

I hereby authorize the release of information to Stonebriar Community Church (SCC) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand SCC may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance and/or services.

I give permission for SCC to discuss my case with other agencies, businesses, churches, 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 UNDERSTAND THAT THE BENEVOLENCE INTERVIEW PROCESS MAY INVOLVE POTENTIALLY UNCOMFORTABLE QUESTIONS AND ANALYSIS OF MY SITUATION AND SPENDING HABITS.

**I have read, understood, and agree to the policies above regarding the use of my personal information and the potential for discomfort in the Benevolence process.*

Signature* _____ **Date*** _____

A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another (John 13:34).

| | |
|-------------------------|--|
| Office Use Only: | |
| Member Status | |
| Date of Entry | |
| Disposition | |

For Office Use:
Dept: ____ Benevolence ____

RELEASE AUTHORIZATION

EACH APPLICANT MUST COMPLETE THE FOLLOWING (please use the copy on the next page for your spouse or other adult in the home to complete):

- I. In connection with my Benevolence application, I understand that a report or an investigative background check may be requested that will include information as to my identity, character, personal and financial history, experience, and reasons for termination of past employment. I understand that as directed by Church policy, you may be requesting information from public and private sources about my: workers' compensation, Social Security benefits, driving record, court record, education, financials, and references.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if financial assistance is denied because of information obtained by Stonebriar Community Church from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Stonebriar Community Church or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states **require** sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: *Male *Female

Race: *Asian *Black *Hispanic *White *Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS!

For Office Use:

Dept: ____ Benevolence ____

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- I. In connection with my Benevolence application, I understand that a report or an investigative background check may be requested that will include information as to my identity, character, personal and financial history, experience, and reasons for termination of past employment. I understand that as directed by Church policy, you may be requesting information from public and private sources about my: workers' compensation, Social Security benefits, driving record, court record, education, financials, and references.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if financial assistance is denied because of information obtained by Stonebriar Community Church from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

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Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states **require** sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: *Male *Female

Race: *Asian *Black *Hispanic *White *Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

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Required Items for Benevolence Processing

Note: Every item listed on this checklist is required to complete a Benevolence Application. Since we cannot accept or process incomplete applications, please take the time and go step by step through this checklist to insure your application is complete. If any item is omitted or is not completed, the application will be considered void, and no assistance will be given.

When completing the Benevolence Application form, make sure that you have provided the following: (Check off each item as you complete it.)

Page 3:

- Provide your current address, including the **county** in which you are living.
- Provide a **current** e-mail address (**our primary means of communication**). If you have no e-mail, provide a phone number. We will only call one number, so only provide or highlight a number **where you can always be reached**.
- Include the names of all the adults (those 18 years old or older) living at your address, how they are related to you, and answer “yes” or “no” to indicate whether you have attached a **Release Authorization** for each one.
- Acknowledge any applications made or assistance received from SCC in the past. Our records go back to 1999, and we do check.
- Indicate your church affiliation. We verify membership and regular attendance in the SCC membership database. Complete the section on page 3 (**SCC Members/Attendees** or **Attend other church**) that applies to your church attendance or membership.
- As a matter of biblical protocol, we must have a point of contact at your church to coordinate assistance with them. This is the first section block on Page 4.

Page 4:

- Block 2: List the names of all minors (under 18 years of age) living at the address. If there are none, write “None” in the first row.
- Block 3: Do not leave this section completely blank. If the answer is “no” or “none,” then so state.
- List your and your spouse’s **current and previous** employment. Each space must be filled. If the item does not apply (for example, you haven’t left your current job), then enter NA (not applicable).
- List the current employment for every adult living at the address. If the person is not working, all information should be about the last job they held. If the only adults living at your address are you and your spouse, enter NA on the first line of the block.

Page 5:

- Block 1: Specifically state your need. If a need is stated in column A, then columns B and C must be filled also. We can only assist with need that is requested, current, and documented (bills, invoices, etc.). ***You must provide copies (no originals!) of the bills you need help with, and attach them to the application.*** By signing the statement, you acknowledge your understanding that we will not pay late fees.
- Blocks 2-4: Answer all questions in these blocks. We will not accept applications where any of these questions are not answered.

Page 6:

- Provide a current and documented record of all the household income from all sources. Indicate whether you have documentation with a “yes” or “no” in the Documentation column.

Page 7:

- The “Current Amount Due” must be documented with the current bill.
- The highlighted columns are required. “Percent of income” is provided to assist you in budgeting.

Page 8:

- Non-members/attendees living outside of Collin County: Apply in your county of residence first. We must coordinate any assistance with charities in your county.
- Provide the name and phone number of persons contacted at other churches/charities.
- Read and agree to the release of information; sign and date the application form.

Return your completed application in person to the church office. Before you do, make sure you have attached the following documents to the application *in this order*:

- Color photocopy of the driver’s license or other government issued photo ID for every adult living at your address. SCC staff will make color photocopies of the IDs for you.
- Completed and signed Release Authorization for every adult living at your address.***
- Photocopies of current (less than 30 days old) bank statements, unemployment or Social Security statements, or pay stubs to verify income for every adult living at your address.
- Photocopies of current (less than 15 days old) bills that you want considered.
- If you are requesting rent assistance: a photocopy of your lease agreement (first page and signature/last page). We will only pay rent; you are responsible to pay any late fees.