Benevolence Fund Guidelines

Raleigh International Church seeks to be a source of support to members in need. These guidelines are not meant to discourage you, but to allow RIC to be better equipped to evaluate your current situation and determine how to best help you.

Requirements

Members
All applicants must be Raleigh International Church (RIC) members in good standing. A member in good standing is one who has:

- Completed New Members Class
- Attends worship service on a regular basis
- Observes the Biblical guidelines for “Tithing” or financially supporting this church
- Serves in some ministry in Raleigh International Church
- Demonstrates good stewardship over their own finances.

Non-members
We may assist non-members in certain situations. These scenarios include medical hardships, food shortages, child endangerment and local, state, national, or International disaster relief.

Application Process

Limitations of Usage- You may not apply for RIC Benevolence Fund assistance more than 3 times in any given 12 month period.

Interview
Applicants MAY be asked to come in for an interview before a final decision is made. The ministry reserves the right to ask for documentation to verify eligibility for assistance.

Processing
Return this application to the church secretary. Please allow one week for review of your application. You may be contacted via phone, electronic mail, or letter.

Checks
Checks will be made out payable to third party agencies where appropriate. In general, much smaller amounts are granted when third parties, such as utility companies, or landlords, are not receiving the monies that you have requested.

Availability of Funds
All requests shall be considered on a first come, first served basis and, as funds are available. The Benevolence Fund maximum is normally $300. Requests greater than $300 must be unanimously approved by the Senior Pastor and Elders. You may be asked to appear for an interview in such a case.

Documentation
All applicants are required to complete the Benevolence Fund Application in its entirety and provide supporting documents where needed (i.e. invoices, bills, coupon books).
Benevolence Fund Application
PLEASE COMPLETE ENTIRE APPLICATION

Social Security # _______________________________________________________________

Spouses Social Security #_________________________________________________________

Date_______________________________ o Own  o Rent  o Other

Name ________________________________________ Phone ___________________________

Address_______________________________________________________________________

City __________________________________________ State __________ Zip______________

Age_______ o Single  o Married  o Divorced  o Separated  o Widow

Spouse’s Name_________________________________________________________________

Spouse’s Employment___________________________________________________________

Children’s Ages_______________________________________________________________

Do you consistently tithe to RIC?_________________________________________________

If you are not a member of RIC, do you tithe where you hold your membership?__________________________

Needs:  o Food  o Clothing  o Rent / Mortgage  o Utilities

  o Other (Explain)_____________________________________________________________

Deadline: __________________________________ Amount Needed_____________________

Have you been helped previously by this Church? o Yes  o No

What did you receive?
When?_______________________________________________________________________

Who else have you contacted to help with this need?__________________________________

How are they able to assist you?__________________________________________________
Please note: If you are a member of another church, and they are not able to help with this need, we will need a letter from the pastor stating such.

How did you hear about this Church?
   o TV   o Relative   o Agency   o Friend   o Member   o Other (Explain)__________________________

Please explain in detail the circumstances which brought about this need.________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you currently have a budget for your household?____________ If yes, please attach a copy to this application, if no what are your plans in regards to implementing a budget for your family?________________________________________________________________________

Do you have adequate income to support your budget?_________________________________

Are you in need of financial counseling?_____________________________________________

If this need is a result of unemployment, what adjustments have been made to avoid this happening next month?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Average monthly income:________________________________________________________________________
Please include all income (jobs, government assistance, child support, alimony)

Monthly average expenses:
Mortgage/Rent ____________ Auto $__________ Electric $__________ Water $__________
Phone $__________ Medical $__________ Gas/Oil$__________ Other (Explain) $__________

If you are requesting a bill payment, please supply the following information
(For more than one bill, please attach the additional information):

Company Name_______________________________________________________________
Phone______________________________ Contact Person______________________________
Address_______________________________________________________________________
City __________________________________________ State_________ Zip_______________
Account Number__________________________ Total Amount Due_____________________
Amount Required _______________________________________________________________

Home Church___________________________________ Phone__________________________
Pastor _________________________________________ Phone__________________________
Church Address_________________________________ Street city State Zip_____________

Doctor’s Name_____________________________________ Phone__________________________

Landlord’s Name_________________________________ Phone__________________________
Landlord’s Address_________________________________ Street city State Zip_____________
LIST TWO FAMILY REFERENCES

Name __________________________________________ Phone__________________________
Address______________________________________________________________
Street city State Zip
Occupation ____________________________________ Phone__________________________

Name __________________________________________ Phone__________________________
Address______________________________________________________________
Street city State Zip
Occupation ____________________________________ Phone__________________________

OTHER SOURCES WILLING TO ASSIST WITH THIS NEED:

Name________________________________ Phone__________________ Amount$__________
Name________________________________ Phone__________________ Amount$__________
Name________________________________ Phone__________________ Amount$__________

Do Not Write Below This Line
For Church Use Only

Date application received in this office______________________________________________
Information from Community Help Line (Contact Name)______________________________
Disapproved _______ Reason_______________________________________________________
Approved _______ Approved By__________________________________________________
Check payable to whom? _________________________ Amount__________ Check#_________
Send to where? _________________________________________________________________
Address_______________________________________________________________________
Street city State Zip
Date paid____________________Written by_________________________________________

Attach any additional comments