



## Grace Gospel Church Benevolence Request Form

Thank you for reaching out to us! Please understand that in order for us to be wise and faithful stewards of the resources entrusted to us by God, in the case of benevolence requests we humbly ask people to please print, fill out, and bring this form with the (along with a valid driver's license) to one of our Sunday morning services and give it directly to one of our deacons. Our physical address is 37126 MN-65, Stanchfield, MN 55080. On Sunday mornings, coffee fellowship begins at 9:45AM, and the service begins at 10:00AM. For more information, please visit our website: [www.gracegospelmn.org](http://www.gracegospelmn.org). Please note that although it is our heart to provide various kinds of help according to our means and ability as the Lord directs, a completed form does not guarantee assistance. Thank you very much.

Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Dependents (if applicable; please include ages):  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, where do you work?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have obstacles that prevent you from working?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please help us understand your situation by answering the following questions.

1. Do you attend church anywhere?  YES  NO

If YES, are they aware of your need?  YES  NO

Are they willing to provide assistance? Why or why not?

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2. What is your specific need?

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3. Do you have relatives who are willing to help you? (1 Tim. 5:8)  YES  NO

4. What other options have you tried to meet this need?

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5. Have you asked us or other churches for help before? If so, which churches?

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6. Are you receiving any government assistance? Check all that apply:

UNEMPLOYMENT

WORKER'S COMP

SOCIAL SECURITY

FOOD STAMPS

OTHER

7. Financial Information: What is your income? (Please indicate yearly, monthly, bi-weekly, or weekly.) \_\_\_\_\_

Monthly mortgage or rent payment: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Debt: \_\_\_\_\_

8. Do you think you need long-term assistance?  YES  NO

9. What other types of assistance are you interested in? Check all that apply:

\_\_\_\_\_ FINANCIAL COUNSELING

\_\_\_\_\_ JOB HUNTING

\_\_\_\_\_ JOB INTERVIEW TRAINING

\_\_\_\_\_ OTHER: \_\_\_\_\_

By signing below, I understand that there is no guarantee of assistance, and that I may be contacted at the information provided above as deemed prudent and necessary by GGC leaders.

Signature of person requesting assistance:

\_\_\_\_\_

Date: \_\_\_\_\_

## OFFICIAL USE ONLY

(To be completed by GGC deacons.)

This request was processed by: \_\_\_\_\_

Notes or additional information on this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request approved by the appropriate GGC leadership? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what action will be taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_