



COLORADO CHRISTIAN FELLOWSHIP
A Place To Call Home

BENEVOLENCE POLICY

&

APPLICATION FOR ASSISTANCE FORM

CCF Benevolence Fund Financial Assistance Policy

It is the desire of the Board of Elders of Colorado Christian Fellowship to offer financial assistance to members who have a true financial need.

Since the Benevolence Fund budget is limited, and the needs of the church community can be great, we encourage members requesting assistance to consider obtaining funds through other sources (friends, family and personal funds) before applying for assistance.

Occasionally, a member cannot obtain the funds needed through other sources. In those cases, the Board of Elders will consider providing financial assistance based on the following guidelines:

1. Requests must be made in writing by submitting the Application for Assistance Form.
2. The person making the request must be an active member of CCF for a minimum of six months.
3. The person making the request must provide a minimum of two references from other CCF members, preferably in CCF leadership, such as staff, deacons and elders. If the individuals are not in leadership, someone in leadership must know them.
4. The person making the request must provide a list of alternative sources investigated for financial assistance.
5. The person making the request can only be considered for assistance once in a 12-month period.
6. The person making the request must provide a plan of action to prevent recurrence of the same type of need. This plan must accompany the application.
7. The person making the request must review the request with a member of the Executive Committee of the Board of Elders (See Page 4 of the Benevolence Request Package.).

APPLICATION FOR ASSISTANCE FORM

Please complete this form in its entirety and print clearly.

Have you ever received assistance from any other church within the last 12 months? Yes No (If so, please explain below.)

STEPS:

1. Review the CCF Benevolence Fund Financial Assistance Policy.

2. Submit Application for Assistance Form.

3. Review request with a member of the Executive Committee of the Board of Elders.

4. A member of the Executive Committee will contact you when a decision has been made.

PERSONAL INFORMATION

Name _____
Address _____
City and Zip _____ Phone _____
Name of spouse _____
Marital Status:
Married Divorced Single Living Together Separated

CHILDREN LIVING WITH YOU

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Are you currently employed? Yes No
If you are not working, please state why: _____
How long have you been unemployed? _____
Most recent employer _____
Address _____
Phone number _____
Contact person _____

EMERGENCY CONTACT

Family member:
Name _____
Address _____
Home Phone _____
Work Phone _____

Rent/mortgage payment paid to (if requesting housing assistance):

Name of agency or person: _____

Phone _____

Address _____

City _____ State _____ Zip _____

Amount of Payment \$ _____ Weekly \$ _____ Monthly

FINANCIAL INFORMATION

List total household resources of *monthly* income:

- | | |
|---|-----------------|
| 1. Wages | \$ _____ |
| 2. Social Security (income per month) | \$ _____ |
| 3. Pension (Veteran's, Government or Company) per month | \$ _____ |
| 4. Social Security Disability (SSI) | \$ _____ |
| 5. Public Assistance (food stamps) | \$ _____ |
| 6. Public Assistance (housing) | \$ _____ |
| 7. TANF (welfare) | \$ _____ |
| 8. Alimony/Child Support Specify which one by circling word) | \$ _____ |
| 9. Income from interest on savings accounts, CD's, Stocks/Bonds | \$ _____ |
| 10. Income from annuities, IRA or Life Insurance (please specify) | \$ _____ |
| 11. Income from regularly occurring cash gifts | \$ _____ |
| 12. Unemployment benefits (amount per month) | \$ _____ |
| 13. Real estate property income | \$ _____ |
| 14. Other | \$ _____ |
| Total Monthly Income | \$ _____ |

REFERENCES

List references in accordance with the instructions on [Page 2](#):

Full Name:

Phone Number:

1. _____

2. _____

3. _____

Benevolence Interview Questionnaire

(This section to be completed by the interviewer)

It is the policy of CCF to interview each person(s) submitting a Benevolence Request for financial assistance. The following is a list of questions that will be asked by the interviewing Elder to gather information necessary for the decision-making process.

1. Have you attended any Crown Financial classes and/or seminars?

_____ Yes _____ No

If yes, when _____

2. What other alternative sources (family, friends, etc.) and/or agencies have you solicited for financial assistance? Please list:

A. _____

B. _____

C. _____

D. _____

3. If previously employed, have you applied for unemployment benefits?

_____ If yes, have you received any benefits? _____

_____ If no, please explain: _____

4. Are you willing to attend counseling, as recommended by the Executive Committee, to aid in the prevention of this situation recurring?

_____ Yes _____ No

Note: Again, your plan of action, to prevent recurrence of the same type of need, must accompany your request.