

Benevolence Intake Form

PERSONAL INFORMATION

Name			DOB	/	_/
Address		City	State VA Z	<u>Z</u> ip	
Home Phone	Work Phone		_ Alternate Phone		
CHURCH INFORMA	ΓΙΟΝ				
Are you a member of MVBC? _		er: how long?			
Do you currently attend MVBC c					
What Bible Study and/or Ministr					
Are you tithing? Yes					
FAMILY INFORMATI	ON				
Married Widowed	Divorced Single _	Separated			
If married, Spouse's Name					
Do you have children? Yes					
If yes: what are the names & ago	es of your children?				
Are you presently providing fina	ncial support for your spouse	and family? Ye	s No		
If no: how are your family's phys	ical needs being met?				
Have you ever received assistance	ce from MVBC? Yes	 _ No			
_	_				
EMPLOYMENT INFO	DRMATION				
Are you presently employed? _	Yes No				
If yes:					
What is the name of your curr	ent employer?				
Full Time Part Tim	ne Self Employed				
How many hours do you work	per week?				
If no:					
Unemployed Reti					
How long have you been unen	nployed?				
Current/Recent Employer Info					
Name of most recent employe	r				
Job Title					
Work Phone	Supervisor's Name/	Title			
When did you work there?					
What did you do?					
INCOME INFORMAT	ΓΙΟΝ				
Please indicate source and amou	•				
Employment (1) \$		(2) \$			
AFDC/TANF \$					
Food Stamps \$	HUD Housing	\$	_ Child Support \$		

NEED REQUEST							
Please state the cause or nature of your current hardship.							
What steps are you taking to	remedy this situation?						
Have you sought help from ar If yes: briefly explain	y other churches or social agencies?	Yes No					
Type of assistance requested Debt	(bill/statement must be attached) Company		Amount				
Mortgage/Rent							
Utility - Electricity							
Utility - Gas							

Utilily - Water