



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 _____ Own Rent Other

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Age _____ Single Married Divorced Separated 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: Food Clothing Rent / Mortgage Utilities

Other (Explain) _____

Deadline: _____ Amount Needed _____

Have you been helped previously by this Church? Yes 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?

TV Relative Agency Friend Member 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 _____

Doctor's Name _____ Street city State Zip

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