



Destiny Church Benevolence Request Form

Destiny Church has established a Benevolence Fund for the purpose of providing short-term financial assistance to its members. Assistance can be extended when unexpected and serious circumstances develop, creating a hardship in which the health, safety or welfare of one or more members of the household is directly affected. *Typically, these hardships are the result of a job loss, an accident, illness or death in the immediate family.* Any approved funds will be made payable to the provider of the service. No money will be given directly to the member.

DOES MY SITUATION QUALIFY FOR THIS ASSISTANCE?

Examples of eligible expenses may include but are not limited to:

- Monthly bills – Rent/Mortgage, Utilities, etc.
- Medical bills not covered by insurance for necessary, non-elective medical treatment
- Relocation to another residence because of fire, flood, or domestic violence
- You have not received any assistance within one year from Destiny Church.

WHY DO YOU NEED MY INFORMATION AND HOW WILL IT BE USED?

In order to assure that we are serving you in the best manner, along with being faithful with God's resources, we need to understand you and your financial circumstances. Your information will only be disclosed to those involved with your situation.

HOW DO I APPLY?

1. Complete all information on the application and sign it. Include any additional documentation that is requested, such as your lease or mortgage agreement, bank statements, billing statements or any other related documents pertaining to your financial request.
2. Deliver this information to the church campus that you attend during weekend service hours to your LifeGroup Leader or one of the Campus Pastors. Please know that your request will normally take 2 weeks to evaluate and process.

Destiny Yuma
3185 E 42nd St
Yuma, AZ 85265
Saturday 6pm
Sunday 10am

Destiny Phoenix
19 N Robson, Suite 101
Mesa, AZ 85201
Sunday 10am

A. PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

B. BILL INFORMATION (Who do you owe money to? Ex. APS)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Total Amount Due: _____

Account #: _____ Due Date: _____

C. REQUEST

Amount of Request: \$ _____ Date of Request: _____

D. PURPOSE OF REQUEST

Mortgage/Rent: ___ Utilities: ___ Medical Services: ___ Vehicle: ___ Other: ___

E. EXPLANATION OF NEED (Please explain in full detail. Use back of form if needed.)

F. GENERAL INFORMATION

Do you tithe to Destiny Church? Yes No

Are you (the recipient) an active member of the church (Attend weekly church services & Life Group, serve during services, Etc.) Yes No

If yes, who is your Life Group Leader? _____

Have you received financial assistance from the Church in the past? Yes No

If yes, when/what: _____

What steps have you taken to obtain assistance from non-church sources (i.e. community resources)?

APPLICANT'S EMPLOYMENT HISTORY:

Present/Most Recent Employer: _____

Supervisor: _____

Address: _____

Employment Dates: _____ to: _____

Position & Job Description _____

Reason For Leaving: _____

If you are unemployed, are you currently seeking employment? _____

How long have you been unemployed? Reason: _____

What steps are you taking to seek active employment?

SPOUSE'S EMPLOYMENT HISTORY:

Present/Most Recent Employer: _____

Supervisor: _____

Address: _____

Employment Dates: _____ to: _____

Position & Job Description _____

Reason For Leaving: _____

If you are unemployed, are you currently seeking employment? _____

How long have you been unemployed? Reason: _____

What steps are you taking to seek active employment?

By signing below, you are acknowledging that the Benevolence Fund is to provide financial aid to an individual who is in need on an urgent basis. The Benevolence Fund may not be applicable for cases in which long-term financial support is needed. The church has the right to drastically adjust or decline an applicant's request and may consider providing assistance other than monetary help, and has up to 14 business days to process your request.

RECIPIENT'S SIGNATURE:

X _____

Date: _____

(Office Use)

AMOUNT APPROVED: \$ _____

APPROVAL: X _____

Date: _____