

BENEVOLENT NEEDS

New Hope Baptist Church Benevolent Fund

The New Hope Baptist Church Benevolent Fund is established to assist people in times of need and crisis. In Matthew 25:35-45, *Jesus tells his disciples of doing good unto the least of these we have done likewise unto Him*. In the book of Acts 4:34a, the writer states: “*that there was not a needy person among them*”.

We have set up the following criteria in order to aid and assist the greatest number of people without bias, partiality or favoritism, but based on the principles of God’s word.

I. To ensure that we reach more people:

1. Persons are limited to one request within a six-month time frame.
2. The categories of eligible assistance include, but are not limited to the following:
 - Food
 - Natural gas
 - Heating Oil
 - Electricity Bill
 - Rent Assistance
 - Mortgage Assistance
 - Medicine not covered under prescription plan

II. Benevolent Payout Information:

- The Deacons of the Benevolent Committee are able to approve assistance requests up to \$300.00 at their discretion, within the guidelines.
- Benevolent requests \$301.00 or more must be presented to the Deacon Board for approval.
- A quorum of 8 deacons must be present for this approval.
- The Executive Committee of the Deacon Board may approve only extreme emergencies without a quorum.
- For non-church members there is a \$200.00 limit, under the guidelines, for financial support.
- Temporary Housing: 3-5 days at local hotel.

Requester Responsibility:

- At such a request the Deacon Board reserves the right to investigate all claims. (Which may include a joint visit with the Deacon.)
- Contact names and numbers must be provided.
- The requester must provide billing statements or invoice.

Optional Information:

- If the recipient is able to give back, we will gladly accept any donations to help others.

BENEVOLENT REQUEST FORM

(This (2 sided) form must be completed in its entirety, before consideration will be given to the request)

Your Name: _____ Today's Date: _____

Your Address: _____

Your Telephone Numbers: (Home) _____
(Work) _____

Amount of your request: \$ _____ Date Needed: _____

Did you receive a copy of our Benevolent Policy? YES NO

Have you read and understand our Benevolent Policy? YES NO

PURPOSE OF REQUEST:

MEDICAL _____ EXPLAIN: _____

MORTGAGE _____ MORTGAGE CO. _____
EXPLAIN: _____

ARE YOU IN FORECLOSURE? YES NO

IF YES, WHEN IS YOUR COURT DATE & WHERE: _____

RENT _____ LANDLORD: _____
EXPLAIN: _____
ARE YOU FACING EVICTION? YES NO

IF YES, WHEN IS YOUR COURT DATE & WHERE: _____

PERSONAL: _____ EXPLAIN: _____

OTHER: _____ EXPLAIN: _____

PROVIDE ANY OTHER INFORMATION THAT YOU FEEL IS PERTINENT TO YOUR REQUEST:

Have you requested help from us prior to this request: YES NO

Are you employed? YES NO

(If Yes, provide name, address and telephone number of employer) _____

If No, when is the last time you worked? _____

Do you receive any type of subsidy? (i.e., Welfare, SSI, etc.) YES NO
What type? _____ How much? _____

If we cannot assist at this time, what will you do? _____

Will you accept budget counseling? YES NO (Person to be assigned by church)

Are you a member of New Hope? YES NO
If Yes, how long? _____ If No, who referred you: _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ By: _____

Action taken (circle one): REQUEST GRANTED REQUEST DENIED

EXPLANATION: _____

BOARD APPROVAL SOUGHT: YES NO

HOW MANY TIMES ASSISTANCE HAS BEEN GRANTED: _____