

# Harvest Bible Chapel North Indianapolis

## Confidential Benevolence Application

With a heart of compassion and a spirit of discernment, the Deacons at Harvest Bible Chapel desire to continually serve the membership of the church in the area of benevolence assistance when individual times of financial strain arise. Our overall desire is to glorify Christ by obeying His command for benevolence and the care of one another as illustrated in the Scripture. (1 John 3:17-18; James 1:27; James 2:14-17) Undergirding this desire to obey Christ is the understanding that we also show obedience to Christ by demonstrating proper and good stewardship with the resources that He has entrusted to us as a church. To these ends, we have created a Benevolence Fund along with the drafting of certain criterion and process.

The application process at HBCNI for assistance through the Benevolence Fund requires a spirit of humility and partnership between you and the church leadership. **It is more than a simple request for assistance.** It is our desire to not only help with immediate financial needs, but also to help biblically address any underlying causes that may have led to the immediate need. In the end, we desire to see transformation and freedom in the area of financial stewardship in all of the members of Harvest Bible Chapel and this transformation may come through needed lifestyle change and encouragement from the church. Understanding that this process could effectively be seen as personal discipleship, it is essential that any guidelines or instructions given from the Deacons in regards to your personal situation should be examined biblically and applied in a timely fashion. If you do not desire to place yourself under the authority and instruction of the church leadership in this area of your life, you should discontinue the process at this point.

The following application, along with the follow-up interview, gives the Deacons the necessary information to be able to whole-heartedly extend benevolence while also ensuring obedience in the area of stewardship. **Complete honesty and openness is essential to walk forward in faith in God's direction in this area.**

The application must be filled out completely to be considered. Submission of the application does not constitute approval.

If you understand this and are willing to agree to our process, please sign below and continue.

I (we), \_\_\_\_\_ (printed names), agree to submit to the leadership authority of Harvest Bible Chapel in examining this request for assistance. I authorize the designated church leaders to confidentially discuss this matter with only those people directly involved in this issue. I agree to fully disclose all pertinent facts and be absolutely honest in my discussions. I understand that credit counseling and/or courses and life style changes may be required as a condition of any extension of assistance. I understand that submission of this application does not guarantee assistance. I (we) certify that these statements are true and complete to the best of my (our) knowledge.

Name \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

***Please send completed forms or questions to Terry Yatsak:  
email: mrterrencej@yahoo.com, phone: 317-625-4422***

Harvest Bible Chapel  
*Confidential*  
**Benevolence Application**

**Personal Data**

Name \_\_\_\_\_ Date \_\_\_\_\_

Spouse name \_\_\_\_\_ Email \_\_\_\_\_

SSN (s) \_\_\_\_\_ Driver's License # (s) \_\_\_\_\_

Home address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Marital Status:  Single  Single Parent  Married  Divorced  Widow(er)  Separated

Living status:  With Spouse  Alone  With Relatives  Significant other

If applicable, name and relationship of person you live with: \_\_\_\_\_

Living quarters:  Owned  Rented  Leased  Shared  Homeless  Living with Parents

Nearest relative not living with you \_\_\_\_\_

Address \_\_\_\_\_

Names, ages of children \_\_\_\_\_

**Spiritual**

Do you regularly attend HBCNI?  Yes  No. If so, started when \_\_\_\_\_

Do you tithe regularly and consistently with scripture?  Yes  No. explain \_\_\_\_\_

If not, are you a member of a local church?  Yes  No. If yes, name of church \_\_\_\_\_

Did you apply for assistance there?  Yes  No.  n/a. What was the disposition of the request?  
\_\_\_\_\_

Name of Pastor and phone number \_\_\_\_\_

Explain your relationship with Jesus Christ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Occupation or Vocation:**

Employer \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Time in this vocation \_\_\_\_\_

Are you currently employed \_\_\_\_\_ Spouse employed? \_\_\_\_\_

Are you physically able to work?  Yes  No. If no, why not? \_\_\_\_\_

Are you willing to work to receive assistance from the church? \_\_\_\_\_

Are you receiving financial assistance from workman's compensation, social security, pension, food stamps, housing, AFDC or other welfare?  Yes  No. If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**Personal Habits and Life Style:**

Do you/have you use(d) alcohol in any form?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been arrested for driving under the influence of alcohol?  Yes  No

If yes, explain \_\_\_\_\_

Do you/have you use(d) any illegal drugs in any form?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for any other action? Yes No If yes, explain \_\_\_\_\_

How often does your family eat out per month? \_\_\_\_\_ Estimated cost \_\_\_\_\_

What lifestyle changes could you make to reduce your monthly expenses? \_\_\_\_\_

What could you do to increase you monthly income? \_\_\_\_\_

Have you contacted a family member or friends who could assist you? Yes No explain \_\_\_\_\_

What have you done to resolve this deficit so it doesn't recur again? \_\_\_\_\_

**Financial Data**

How much are you asking for? \_\_\_\_\_ Purpose? \_\_\_\_\_

Have you ever filed bankruptcy? Yes No If so, explain \_\_\_\_\_

Have you borrowed from individuals that you need to repay ? Yes No If so, explain \_\_\_\_\_

Have you previously received assistance from HBCNI? Yes No

Type of assistance \_\_\_\_\_ Date/Amount received \_\_\_\_\_

List ALL past due debts: (use additional paper if need be) Attach copies of these bills

Due to	Amount	Due Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your sources of income (list *net* income)

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Income \_\_\_\_\_

List your regular monthly expenses (not credit cards or loan payments)

- Housing \_\_\_\_\_
- Auto gas \_\_\_\_\_
- Auto maintenance \_\_\_\_\_
- Utility (gas) \_\_\_\_\_
- Utility (electric) \_\_\_\_\_
- Utility (water) \_\_\_\_\_
- Phone \_\_\_\_\_
- Cell Phones \_\_\_\_\_
- Internet service \_\_\_\_\_

Food \_\_\_\_\_  
 Child care \_\_\_\_\_  
 School bill \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Prescription drugs \_\_\_\_\_  
 Doctors visits \_\_\_\_\_  
 Personal spending money \_\_\_\_\_  
 Haircuts \_\_\_\_\_  
 Tithe \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total \_\_\_\_\_

**Outstanding Loans and Credit Cards**

Company/Person	Balance	Payment Due	Due When
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>	_____	_____	_____

**List your cash assets**

Home \_\_\_\_\_  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_  
 IRA \_\_\_\_\_  
 Investments \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Pending income \_\_\_\_\_ explain \_\_\_\_\_  
 Total \_\_\_\_\_