Candlelight Benevolence Request Form

All information will be kept confidential by Candlelight Staff

Candlelight is a church – a group of individuals like you who have found help in life and living through the grace and love of our living Savior, Jesus Christ. Our desire is to provide for your immediate physical needs and most importantly, to assist your spiritual well-being. In order to partake in our work/benevolence program, please complete the following form.

Today's Date: _____

Last Name: _____ First Name: _____

Gender: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ *** PHONE # is REQUIRED ***

Email: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____

Do you have Liability Vehicle Insurance? ☐ Yes ☐ No If yes, please indicate insurance name, number & expiration date:

Policy Insurance Co. Name_____

Policy #_____ Policy Expiration Date:_____

Last Occupation: _____ Employed by: _____ Last Date Worked: _____

Spouse's Last Name: _____ Spouse's First Name: _____

Children **living with** you:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you or your spouse have outstanding warrants? ☐ Yes ☐ No

Are you in trouble with the law in any way? ☐ Yes ☐ No

If yes, please explain briefly:

_____

_____

Briefly state what circumstances led up to your current situation:

_____

_____

My immediate need is: ☐ Food ☐ Rent ☐ Lodging ☐ Gas ☐ Other: _____

_____

Address to mail payment (***if <u>not</u> on your bill***): _____

_____

<u>See back for more questions and signature</u>

Do you have transportation? ☐ Yes ☐ No

Are you currently affiliated with any other church or organization? ☐ Yes ☐ No

If yes, who? _____

Have you sought assistance with any other church or organization? ☐ Yes ☐ No

If yes, who? _____

If yes, what assistance was offered or obtained? _____

Are you willing to work in our work program for your assistance? ☐ Yes ☐ No

Do you have any personal references? ☐ Yes ☐ No If yes, please list below:

Name: _____ Phone# _____

Relationship: ☐ Friend ☐ Family ☐ Other: _____

How did you hear about Candlelight?

_____

Any additional comments you would like to share? ☐ Yes ☐ No If yes, please indicate:

_____

_____

The information contained in this application is correct to the best of my knowledge:

Signature: _____ Date: _____

----------*Official Use Only*----------

Received By: _____ Date Received: _____

Approved By: _____ Date Approved: _____

Not Approved By: _____ Date Not Approved: _____

Reason Not Approved: _____