



Community Covenant Church

For Official Use Only: **Action Taken**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Cares Application**

Today's Date \_\_\_\_\_

**Initial** This benevolence program is for those who are invested in the ministries at Community Covenant Church and requires a referral signed by one of our ministry leaders or pastors.

**Initial** Members of Community Covenant Church Community Cares Team will respectfully handle and review your request. All information provided on the Benevolence application will be kept as confidential as possible. Processing of your request will take 7-10 days.

**Initial** This application should be filled out to the best of your knowledge and submitted to the church office during normal business hours. The completion of this application and participation in the interview process is not a guarantee that you will receive assistance.

**Applicant Agreement:**

I have read each of the above statements and realize that my initials state my understanding and willingness to comply with each of these requirements. I hereby authorize Community Covenant Church to contact my creditors, employer, family, or references whenever applicable.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personal Information:**

Legal Name \_\_\_\_\_ (As stated on your identification) Nickname \_\_\_\_\_ (if other than legal name)

Marital Status (Circle One): Single, Married, Single Parent, Widowed Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

List others living in your household:

| Name  | Relationship | Date of Birth |
|-------|--------------|---------------|
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |

What is your connection with Community Covenant Church? \_\_\_\_\_  
\_\_\_\_\_

Have you made previous requests (of any kind) from Community Covenant Church? Yes/No  
If yes, please list all requests? \_\_\_\_\_

What is your current employment status? \_\_\_\_\_

Are you receiving any aid from government agencies, individuals, or other organizations? Yes/No  
If yes, list agency, individual, and/or case worker. \_\_\_\_\_

\_\_\_\_\_ (disability, social security, child support, family, public assistance, other churches, etc.)

What is your immediate need? \_\_\_\_\_

What obstacles are hindering you? \_\_\_\_\_  
(childcare, transportation, disability, etc.)

What is your request of Community Covenant Church? \_\_\_\_\_

What led you to this circumstance? \_\_\_\_\_

What steps have you taken to correct this situation? \_\_\_\_\_

Has this situation occurred before? If yes how did you resolve it in the past? \_\_\_\_\_

What will prevent this situation from happening again? \_\_\_\_\_

Can we connect you with a small group for encouragement, accountability or spiritual growth? Yes/No

I, \_\_\_\_\_, hereby certify that the above information provided is true and complete to the best of my knowledge. I understand that any representation of the facts given may result in the rejection of my request for assistance and that all information has been given by me voluntarily.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Referral to be filled out by a ministry leader or pastor of Community Covenant Church**  
(This referral does not guarantee you will receive assistance.)

I certify that \_\_\_\_\_ is known by \_\_\_\_\_ as being involved in the ministries of Community Covenant Church.

Comments \_\_\_\_\_

Pastor or Ministry Leader Signature \_\_\_\_\_ Date \_\_\_\_\_