



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 _____