

Anchor Church Palos Benevolence Application

Personal Information

Please complete this entire form and return to Anchor Church Palos Benevolence Deacons c/o ACP 6600 W 127th St, Palos Heights, IL 60463

***Must be returned via email or hard copy before appointment with Deacon**

Date:					
Last Name:				Spouse Name:	
First Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Spouse Work Phone:	
How long have you lived in the area?					
Marital Status	Married	Divorced	Single	Separated	Widowed
	<input type="checkbox"/> Yr _____	<input type="checkbox"/> Yr _____	<input type="checkbox"/>	<input type="checkbox"/> Yr _____	<input type="checkbox"/> Yr _____
List all persons in your household, include self and (ages)					A
List Family or Relatives in Immediate Area					
Name:		Address:			
Name:		Address:			

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Please Note: Anchor Church Palos is not a rescue shelter nor an emergency help center. We can, however, provide information and directions to local social service agencies. Assistance may take several days or more depending on the complexity of the need and requires an interview with a deacon (plus any conditions that might be decided upon).

Church Involvement

Anchor Church Palos Attendance	What Month and Year Did You Start Attending?
How Many Times Do You Attend Per Month:	Are You a Member?
Church Activities Involved In:	
Previous Church Attended:	
Do you consider yourself a Christian? Please explain:	

Employment

Present Employer:	How long?
Street Address:	City:
Previous Employer:	How long?
Type of Work/Skills Qualified To Perform:	
Please explain other family members' employment situation:	

Spouse Employment

Present Employer:	How long?
Street Address:	City:
Previous Employer:	How long?
Type of Work/Skills Qualified To Perform:	

Monthly Income/Expense Statement

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Income / wages:	Per hour wage:	Hours worked per week:	Total Monthly Income:
Monthly Expenses		Total Debt	
Rent:		Credit Card Total:	
Mortgage:		Car Total:	
Real Estate Taxes		Medical Total:	
Transportation: (payments, gasoline, insurance)		Other past due bills:	
Food:		Other loans:	
Utilities: (phone, gas, electric, water)		Are you receiving financial help from anyone now?	
Other:		If Yes, From Whom?	
Please identify specific needs in these areas:			
Specific Prayer Requests:		Food Pantry:	
Specific Financial need:		Other:	
Please answer the following questions:			
What were the events that led up to this situation?			
What other options have you pursued to resolve this problem?			
In what ways is your family willing to provide assistance?			
What steps or goals do you have to achieve financial stability?			

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Please list the detailed steps that are in place to reach these goals:

What assistance have you received from other churches?

Will you agree to attend any financial course offered by ACP (this may be required)?

Please list 2 References who can confirm your need (e.g. small group leader, church staff person, a regular Anchor Church attendee or member, neighbor, family member. This is a required information)

Name:

Relationship:

Phone Number:

Please Read and Sign the following Agreement:

I (we) understand that Anchor Church Palos (ACP) and its counselor assigned to me will attempt to assist me with planning a course of action for myself and that of ACP and its counselors make no representations or warranties with respect to the results or help provided to me. This assistance is provided without charge or obligation unless any funds provided are specifically designated as a loan. I (we) further agree to hold harmless ACP and its counselors, volunteers, employers, officers, directors, elder and deacons from any claim, suit, action, demand or liability of any kind arising out of or in any manner connected with my (our) participation in or receipt of this assistance.

Signed _____ Date: _____

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To be filled out by the Benevolence Leader

What are the causes of the applicant's circumstance?

Has the applicant demonstrated an ability to make the changes in their own life necessary to resolve the situation?

Has the applicant demonstrated sufficient effort to resolve the problem prior to approaching ACP?

Has the applicant fulfilled any conditions deemed necessary for assistance?

Second Opinion From Whom and Date:

Date Closed: