

...helping people win in life

Benevolence Application Serving Members of Celebration Church at Columbia and residents of Howard County

1 81 1			
Today's Date:	Your Email Address:		
First Name:	_ Last Name:		
Address:	City	State:	Zip:
Home Ph:	Work Ph:	Othor Phy	
DL No:	DOB:		
Marital Status: 🛛 Married	□ Separated □ Divorc	ed 🛛 Single	
Children and their ages (enter "none" for no children):			
How long have you lived at your current			
Do you own or rent your home?Ov	wn Rent		
How did you hear about Celebration Chu	ırch?		
I am a member: I am an attendee:	How long:Ministries	Serving:	
A friend:	Friend's Name:		
Small Group Leader:			
Another Church:	Church's Name:		
Other:	(	4h 4h	
Please give one <b>personal reference</b> of	someone who has known you (d	other than a family h	nember) for at least one year
Name:			
Address:			
City:	State:	Zip:	
Where does your closest relative live?	City:	State:	
Does he/she know about your need?	□ yes □ no		
What is your total monthly income at th	nis time? (List monthly income of e	each contributing far	nily member separately.)
Enter "none" in fields that do not apply			
Total \$			
Income No. 1	Income N	lo. 4	_
Income No. 2		lo. 5	_
Income No. 3	Income N	lo. 6	_

<b>CELEBRATION</b> CHURCH	

**Benevolence Application** 

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are you receiving assistance from another source? $\Box$ yes			
yes, please give source of assistance and amount/type of assis	tance received.		
Current Employer:			
lame:	Phone:		
\ddress:	City:	State:	Zip:
NOT employed, please list where and when you where last em	poyed:		
lame of last employer:	Date last employed	:	
\ddress:	City:		
tate:Zip:	_ Phone:		
f faxing, please include: photo ID, BGE bill or eviction notice	2		
re you currently tithing (10% of your income to a Church)?	□ yes	🗆 no	
yes, where			
lave you every received assistance from Celebration Church or	another source in the	past year? 🛛 yes	🗆 no
ource(s):			
lave you received any financial counseling in the past?	🗆 yes	🗆 no	
Vill you take part in a financial planning program at Celebratior	Church?: 🛛 yes	□ no	
ell us about your need and how you feel we can best help you.			
nclude what life circumstances brought you to this place.			
elebration Church Response:			
Approval Signature:		Dato	

Please Email Completed Application Form to: <u>benevolence@wininlife.com</u>