Harvest Bible Chapel of Rockford Benevolence Application

Personal Information										
Please complete this entire form and return to A Present Help Benevolence Team Harvest Bible Chapel of Rockford, 5501 Windsor Rd., Loves Park, IL 61111										
Date:										
Last Name:		First N	lame: Spouse Name		me:	e:		Email:		
Address:										
City:			State:				Zip:			
Home Phone:			Work Phone:			Spouse Work Phone:				
How long have yo	u lived in the are	ea?	•							
Marital Status	Married \Box Yr _	D	ivorced \Box Yr	Single □	Sep	parated \Box Yr		Widowed 🗆 Yr		
List all persons in y	List all persons in your household, include self and (ages)									
List Family or Rela	tives in Immedi	ate Area								
Name:		Address:								
Name:	Address:									
Please Note: Harvest Bible Chapel of Rockford is not a rescue shelter nor an emergency help center. We can, however, provide information and directions to PADS, food & food pantry centers, hospitals, community service centers, and police stations if the applicant is seeking emergency clothing or shelter. Assistance may take several days or as much as a week and requires an interview with a deacon or counselor (plus any conditions that might be decided upon), as well as confirmation of applicant's need through personal references.										
			Chu	Irch Involvement						
	t Bible Chapel o				What Month and Year Did You Start Attending?					
How Many Times Do You Attend Per Month:				Are You a Me	Are You a Member?					
Church Activities I										
Previous Church A										
Do you consider yourself a Christian? Please explain:										
				Employment						
Present Employer:					Н	low long?				
Street Address:					City:					
Previous Employer:					How long?					
Type of Work/Skills Qualified To Perform:										
Please explain oth	er family memb	ers' emplo	yment situation:							
Spouse Employment										
Present Employer:					H	How long?				
Street Address:					City:					
Previous Employe		How long?								
Type of Work/Skills Qualified To Perform:										

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Monthly Income/Expense Statement									
Income / wages:	Per hour wage:	Hours worked p	Hours worked per week: Total Monthly Income:						
Monthly Expenses	5	Total Debt							
Rent:		Credit Card Total:							
Mortgage:		Car Total:							
Real Estate Taxes		Medical Total:							
Transportation: (payments, gasoline, insu	rance)	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 Pant	ry:					
Specific Financial need:			Other:						
	Please answer th	e following questions	•						
Please answer the following questions: What were the events that led up to this situation?									
What other options have you pursued to	esolve this problem?								
In what ways is your family willing to provide assistance?									
What steps or goals do you have to achiev	e financial stability?								
Please list the detailed steps that are in place to reach these goals:									
Will you agree to attend any financial cou		<u> </u>							
Please list 2 References who can confirm	n your need (e.g. small gro neighbor, family member	•	ormation)						
Name:	Relationship:		Phone Numbe	er:					
Please Read and Sign the following Agree I (we) understand that Harvest Bible Chap course of action for myself and that of HB provided to me. I (we) further agree to ho from any claim, suit, action, demand or lia receipt of this assistance. I understand that	el of Rockford(HBCR) and CR and its counselors mak ld harmless HBC and its co bility of any kind arising o at information provided m	e no representations of punselors, volunteers, ut of or in any manner ay be shared with A Pr	or warranties w employers, offi r connected wit	ith respect to the results or help cers, directors, elder and deacons h my (our) participation in or					
SignedSigned	Date Date								