BENEVOLENCE REQUEST FORM

This form must be filled out completely for all financial requests. All financial requests will be prayerfully considered and you will be notified of decisions by phone. **Incomplete forms will not be processed**.

<u>Information provided by you and references will be shared with Pastors and Benevolence Team as needed.</u>

"Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving,

your hearts and your minds Name:	Cili ist Jesus. Fill	DOB:	Date: _	
Address:				
Home Phone: ()	Work Phone: (()	Cell Ph	one ()
E-Mail Address:				
Marital Status: Married Spou	se's Name	Divorced	d Separated_	_ Single Widowed_
# Children at Home Names	/Ages of Children:		Home	e: Rent Own
Employer:	Ho	urs Worked Per \	Week	Income/Mo
Spouse's Employer:	Ho	ours Worked Per \	Week	
Do you attend Cornerstone? Ye	s: 1 Sunday/month	2 Sunday's	3+Sunday's	s OR <i>No:</i>
Have you attended Cornerstone	Classes (Please list) _			
Do you attend a Current life gro	up?		Leader name:	
Are you currently serving as a v				
Have you met with a Pastor at (•			
Please list with date, any Financ	ial help provided by Co	rnerstone in the	past:	
Have you attended Financial Pea	ace University or met w	ith a Cornerstone	e Advocate?	
Current monthly income (all	sources):	D	o you have fami	ly who can help?
Do you tithe/give regularly to Co	ornerstone? H	ow long have you	u been attending	Cornerstone?
REQUIRED: <u>Specific Amount</u>	: with Payee Name a	<u>nd Vendor Addı</u>	<u>ress for every i</u>	tem requested:
Amount/Vendor Name/Address:				
Amount/Vendor Name/Address:				
Amount/Vendor Name/Address:				
Total amount of your reques	it: \$			
What circumstances brought ab	out this need?			
Are you receiving assistance fro	m any other source?	Plea	ase list sources b	elow:
Sources of income/amount:	Alimony \$ Ch	nild Support \$	SNAP/0	Cal Fresh \$
Section 8 \$/Monthly	Rent CalWORKs \$	SSI \$	Disabili	ty \$

References

Required References

Two personal <i>Cornerstone references</i> for	us to contact:						
Name:	Phone: ()						
Relationship:	How long have you known them?years,months						
Name:	Phone: ()						
	How long have you known them?years,months						
Pastoral Contact of Current Church You are	e Attending for us to contact:						
Who referred you to Cornerstone:							
Thank you for the opportunity to serve yo	ou.						
Please be aware that Cornerstone re	eceives many requests and is not able to give financial						
help to everyone who requests it.							
We also request that Benevolence "amounts" provided by Cornerstone be kept in confidence. Please submit your request at the front office and you will be contacted by a member of							
							ont office and you will be contacted by a member of
						the benevolence team.	
For Official Use Only:							
Notes Entered in Central: By Date							
POD Assistance Approved by	Amount						
Benevolence Request Approved Not A	Approved Date: By:						
Assistance Provided:							
Action Required	History:						
Attend Weekend Services Regularly Meet with Advocate (care@cornerstoneweb.org)	Attach Central Notes POD/Benevolence/Care:						
Attend Dave Ramsey, Financial Peace University							
Provide written budget							
Utilize Community Resources							
Provide reference letter from community group leade							
Community Groups (community@cornerstoneweb.or	g or http://cornerstoneweb.org/connect/group-finder/						
Serve others in a Cornerstone Ministry							
Seek legal advice							
Meet with a Counselor regarding:							
Other Action Items/Recommendations:							