Ebenezer Baptist Church*148 Locust Street*Lancaster, PA*17602*Rev. Roland P. Forbes, Jr., Senior Pastor/Teacher

Benevolent Fund Guidelines and Instructions

As an applicant for a Benevolent Fund disbursement, it is responsibility to read and follow all guidelines very carefully before submitting your application. Because checks are only made to creditors, be sure to attach copies of all relevant bills.

The EBC Benevolent Fund provides funds on a Biblical basis, outlined below:

Provision of Food, clothing, and housing:
$ “If a brother or sister be naked, and destitute of daily food, and one of you say unto them, depart in peace, be ye warmed and filled: notwithstanding ye give them not those things which are needful to the body; what doth it profit?” *James 2:15-16*

$ “Then shall the King say unto them on his right hand, Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world: For I was an hungered, and ye gave me meat: I was thirsty, and ye gave me drink: I was stranger, and ye took me in: Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.” *Matthew 25:34-35*

Provision of health that is necessary for a person’s well being:
$ “Is any sick among you? Let him call on the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord.” *James 5:14*

Please adhere to the guidelines outlined below.

1. The Benevolent Fund application must be completed in full by all applicants and may be obtained from the Church Office. Applications will be reviewed by our Pastoral Care Ministry. At the Pastoral Care Ministry’s discretion, the applicant may be called for an interview before a decision is made.

2. Application processing should be completed within forty-eight hours of the request date. In extreme emergency situation, this process may be accelerated, subject to approval by the reviewing parties. Please note: Active members of Ebenezer Baptist Church will be considered first.

3. Applicants who submit applications indicating poor stewardship of God’s blessings will be asked to receive counseling.

4. Special attention shall be given to widows and elderly who are on a fixed income or minimum income. Special consideration shall also be given to senior members of the church body who are on fixed incomes. Each request for financial assistance will be handled as a special case.

5. Request for funds to a third party agency (I. E, Rent, gas, electric, heating) shall be made put to the agency, noting the member’s account number.

6. The requested amount may not exceed $250 and is subject to the availability of funds, the number of prior approved applications, and the due date of the request.

7. The Benevolent Fund Application must be turned on along with the following accompanying forms: Benevolent Fund Application - Questionnaire, Benevolent Fund Application - Budget Plan, and a copy of the relevant bill.

8. This form and all information received will be keep strictly confidential.

******************************************************************************KEEP FOR YOUR RECORDS******************************************************************************
FINANCIAL REQUEST INFORMATION

Name: _________________________________  Date Needed _________________________

Amount Requested _________________________  Organization _________________________

1. Please provide detailed answers to each of the questions included on the benevolent fund Application - Questionnaire and attach them to this application. The more information you provide the easier it is to make a decision on your application.

2. Please complete the budget plan on the Benevolent Fund Application - Budget Plan and attach it to this application. Be sure to attach copies of relevant bills.
Benevolent Fund Application
Please type or print.

Date ________________________  Date of Birth ________________________
Name ________________________________________________________________ SSN __________
Address ______________________________________________________________ City __________________ State ________
Phone Number: Home ________________________  Work ______________________
Marital Status(circle one): Single  Married  Divorced  Separated  Single Parent  Widowed
Number of children living with you _______ their ages __________________________________________

Employment Information
Working _____  Laid Off _____  Other (specify reason) __________________________
Employer ____________________________________  Phone __________________________
Address _________________________________________  How long employed? ________
Spouse’s Employer ____________________________________  Phone ________________
Address _________________________________________  How long employed? ________

Membership Information
Are you a member of EBC? ______________  How long have you been a member? __________
Is you spouse a member of EBC? __________  How long have they been a member? __________
Are you active in any ministry? ___________ Which one: _______________________________
How long have you been active in this ministry? __________
Do you attend and contribute financially and on a regular basis? __________
Benevolent Fund Application - Questionnaire
Please Print Legibly

Note: Use additional paper if needed.

1. Explain in detail reason for your Benevolent Fund Request.

2. Have you sought funds elsewhere? If so, where?

3. Are you presently receiving any income from sources other than your job? If so, explain.

4. Are others beside the husband, wife and children living in your household? If so, explain.

5. Are others in your household working? If so, explain the nature of their contribution to household expenses.

6. Is there anyone in your household with additions? If so, please explain the nature of the addition.

7. Are you willing to receive financial counseling if requested? If not, please explain.
Benevolent Fund Application - Budget Plan
Please Print Legibly

Note: Please attach copies of a relevant bill to this budget plan.

<table>
<thead>
<tr>
<th>INCOME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Income (before taxes)</td>
<td>$</td>
</tr>
<tr>
<td>Net Income (after taxes)</td>
<td>$</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Payments</td>
<td>$</td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
</tr>
<tr>
<td>Life/Health Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
Discretionary Income (Total Income - Total Expenses) =

$ ______________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Giving (Tithes &amp; Offerings) weekly/Biweekly</td>
<td>$</td>
</tr>
<tr>
<td>Mortgage/Rent</td>
<td>$</td>
</tr>
<tr>
<td>Electric</td>
<td>$</td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
</tr>
<tr>
<td>Water</td>
<td>$</td>
</tr>
<tr>
<td>Telephone</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>$</td>
</tr>
<tr>
<td>Other loans &amp; Notes</td>
<td>$</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$</td>
</tr>
<tr>
<td>Oil/Gas</td>
<td>$</td>
</tr>
</tbody>
</table>
Benevolent Fund Approval
Please Print Legibly

Applicant: Please complete top portion only.

Name ____________________________ SSN ___________________ DOB ________________
Address ____________________________ City __________________ State ______
Phones: Home ______________ Work _______________ Cell ______________ Other __________

**************************************************************************OFFICE USE ONLY**************************************************************************

This application was: Approved __________ Denied __________

If approved, applicant must sign the agreement statement below.

Amount granted $ ______________ Disbursement Date ______________

Applicants Signature ___________________________ Date ______________

If denied, EBC must provide the reasons for denial below.

1. __________________________
2. __________________________
3. __________________________

Pastoral Care Ministry’s Representative:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________