



BENEVOLENCE APPLICATION

Applicant Information

Date: _____

Name: _____ Day Phone: _____

Address: _____

City: _____ ST _____ Zip Code: _____

Last Four Digit of SSN _____ Date of Birth: _____

Employer: _____ Employer Phone: _____

No. of Individuals in Home _____ Ages: _____ Marital Status: _____

Information of Spouse or other working adult living in home

Name: _____ Day Phone: _____

Last Four Digit of SSN _____ Date of Birth: _____

Employer: _____ Employer Phone: _____

Type of assistance requested: (Check appropriate box and indicate \$ amt, of request)

___ Medical \$ _____ ___ Rent/Mortgage \$ _____

___ Gas \$ _____ ___ Power \$ _____ ___ Water \$ _____

___ Other (give description) _____ Give Amount \$ _____

Please check what applies:

___ Arrival Time

___ Arrival Date

___ Appointment

VERIFICATION OF INCOME AND LIABILITIES

For proof of income attach copies of two most recent pay stubs or any award documents from Georgia Department of Labor, SSI, etc.

Monthly Income	Applicant's Income	Spouse/Other Adult Income
Employment		
Child Support		
Social Security		
Other		
Total Household Income \$		

ATTACH A COPY OF BILL STATEMENTS ASSOCIATED TO BENEVOLENCE REQUESTS

Liabilities	\$ Amount	Liabilities	\$ Amount
Mortgage/Rent		Car Payment	
Gas		Credit Cards	
Electric/Power		Installation Loans	
Water		Insurance	
Phone		Other	
Total Household Liabilities \$			

Tell us a little about you?

Have you applied for PBC/POTM assistance in the last twelve months? Y N If yes when? _____

Are you a member of Peace Baptist Church? Y N

Are you a previous member of Peace Baptist Church? Y N

If no to the above, are you a member of any church? Y N if yes Give the name of your church or the one you attend: _____

If you were referred, please give the name of referring agency or person _____

Before applying for benevolence, please make every effort to contact your Mortgage Company, landlord, utility company, other agencies, and vendors to make special payment arrangements. In addition to the above we ask that you seek help from family members and/or friends that may be able to assist you. After making contact(s), log results of conversation(s) in the Contact Information Form.

CONTACT INFORMATION FORM – WHO HAVE YOU CONTACTED

Mortgage Company/Landlord: _____ **Date:** _____

Name of Company: _____ Account Number: _____

Co. Tel. # _____ Name of person you spoke with: _____

Was an arrangement made: ___Y, ___N;

briefly describe results of conversation _____

Utility Company: _____ **Date:** _____

Name of Company: _____ Account Number: _____

Co. Tel. # _____ Name of person you spoke with: _____

Was an arrangement made: ___Y, ___N;

briefly describe results of conversation _____

Other Agency: _____ **Date:** _____

Name of Company: _____ Account Number: _____

Co. Tel. # _____ Name of person you spoke with: _____

Was an arrangement made: ___Y, ___N;

briefly describe results of conversation _____

Family/Friends:

Name of Family/Friend: _____ Relationship _____ Tel. # _____

Was an arrangement made: ___Y ___N; briefly describe results of conversation _____

With my signature I give permission for a Peace on the Move Representative to verify all information given in this application. With my signature I state that all information given in this application is true.

Printed Applicant's Name Signature of Applicant Date

Basic Qualifications for Recipients: Recipients of funds from the Benevolence committee are: Members of the community and Referrals from other agencies