

**EPHESUS SEVENTH-DAY ADVENTIST CHURCH
BENEVOLENCE FUND
INSTRUCTIONS AND APPLICATION FORM**

Purpose

Ephesus Seventh-day Adventist Church (Ephesus SDA) will strive to maintain a benevolence fund which will be used to support the basic needs of church members and in certain cases the broader community in time of need. **The Benevolence Fund is intended as a source of last resort, to be used when the family or individual requesting assistance has explored all other possibilities of help from family, friends, community resources, savings, and/or investments.** It is intended to be a temporary help during a time of crisis and should not be viewed as a means to meet an ongoing chronic financial need. Generally, assistance from the benevolence fund will be small amounts to help as many as possible.

The intent of this fund is not to pay for or off loans. Therefore, the Benevolence Fund Committee will not grant loans. When assistance is offered, it is a gift and therefore without any expectation of repayment. However, when able, those receiving assistance are encouraged to contribute to the Benevolence Fund.

Those requesting assistance must also be willing to receive financial, family, or emotional counseling if necessary. The Benevolence Committee will not provide help to anyone who, in its estimation, will have negative or irresponsible behavior reinforced by financial help. Those requesting help must be willing to give the Benevolence Committee permission to follow up on any of the information provided to the Committee. The Benevolence Committee members will be sensitive to confidential issues.

Needs Covered by the Benevolence Fund

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The stated purpose of the benevolence fund is to meet peoples' basic needs. These include needs that are necessary for physical, emotional, and spiritual survival. Normally, the Committee will consider meeting the following needs:

- Primary lodging (mortgage/Rent)
- Utilities (electric/water/gas)
- Food
- Clothing (weather appropriate)
- Necessary medical services
- Natural disaster response

Needs that **shall not** be met by the benevolent fund include:

- Business investments or anything that brings financial profit to the individual or family.
- Paying off credit cards. Exceptions can be made when an individual has had to use a credit card in a crisis or emergency (e.g., hospitalization, death, etc.).
- Needs of individuals who are wanted by the law or for paying fines as a result of breaking the law.
- Housing for unmarried couples or same-sex couples.
- Legal fees.
- Penalties relating to late payments or irresponsible actions.
- School fees or tuition.

Financial assistance for professional counseling will be strongly recommended if it is perceived that counseling would directly enable the individual to address current financial situation. In most cases, this would be limited to an initial counseling appointment. Under special circumstances, additional financial help may be considered.

Eligibility Criteria for Assistance

The Benevolence Fund Committee works primarily with church members but also with regular attendees, and others within the local community. Funds disbursed from the benevolence fund are at the direction of the Benevolence Committee. The order of priority given to applicants requesting assistance is as follows:

1. Church members: (member for at least one year prior to submitting an application; attend worship services on a regular basis; and support the church financially through regularly giving - tithes and offering).
2. Regular attendees of Ephesus SDA Church (non-members)
3. Members of Sister congregations in the Jacksonville metropolitan area.
4. Members of the community

Procedure for Application and Disbursement of Funds

Source of Request

A Benevolence Application Form must be filled out in its entirety by the person requesting help or by a Benevolence Committee member who is assisting the person in need. Forms are available online at the Ephesus SDA website at www.ephesusdajax.org or a copy can be retrieved from the church clerk.

Processing the Request

1. When submitting form, it can be returned to one of the elders or to the Pastor.
2. The form is then presented to the Chair of the Benevolent Fund Committee.
3. In a meeting or by a telephone conference, the Committee members will review the request and come to a decision based on the stated criteria.
4. The person making the request is informed of the decision.
5. Checks are written and disbursed as appropriate and in accordance with the following guidelines. As a general policy, checks from the benevolence fund will be made payable to vendors, homeowners associations, etc., rather than to the individual requesting assistance.
6. Only one application request per 12 month period is allowed.

All disbursement decisions will be made on a case by case basis. The Benevolent Committee members will consider the person's particular situation, supporting documentation and the benevolence fund's current financial condition.

Appealing Benevolence Fund Committee Decisions

If after reviewing the person/family's financial need the Benevolence Fund Committee denies a person/family's request for assistance, that person/family may meet with the Pastor/board of elders to discuss the request. Then Pastor/board of elders will make their recommendations to the Benevolence Committee. Final decisions will be made thereafter by the benevolence committee.

BENEVOLENCE REQUEST APPLICATION FORM
THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.
INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

A. APPLICANT'S INFORMATION

Please check eligibility status:

Eligibility Criteria Church member Regular attendees (non-members) Member of sister congregations Member of the local community

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Residential Situation: Own Rent Other _____

Employment _____

Address _____

City _____ State _____ Zip _____ Phone _____

Household Income/Expenses: Net Income: \$ _____ Weekly Bi-Weekly Monthly
(Proof of income may be required)

Monthly average Expenses: Mortgage/Rent \$ _____ Auto \$ _____ Utility \$ _____

Phone \$ _____ Medical \$ _____ \$Food _____ Other (Explain) _____

Marital Status: Single Married Separated Widowed Divorced

Number of persons in household _____ Are you currently on a budget? _____

Spouse's Name _____

Spouse's Employment _____

Children's Ages _____

B. PURPOSE OF REQUEST

Food Clothing Rent/Mortgage Utilities Medical Other (Explain) _____

Deadline: _____ Amount Needed: \$ _____

Please include a brief summary of why assistance is needed _____

C. GENERAL INFORMATION:

Have you been helped previously by this Church? Yes No

What did you receive? _____ When? _____

Do you consistently tithe and support the Combined Budget of this Church? Yes No

How long have you been a member of this Church? _____

If a member of a sister congregation, please provide church name and contact information for either the local elder/clerk/pastor.

Contact Information: _____

D. OTHER SOURCES WILLING TO ASSIST WITH THIS NEED:

Have you applied elsewhere for this need? Yes No

List all sources explored for any assistance and the types and amount of support received:

Source Name _____ Phone _____ Type/Amount \$ _____

Source Name _____ Phone _____ Type/Amount \$ _____

Source Name _____ Phone _____ Type/Amount \$ _____

Source Name _____ Phone _____ Type/Amount \$ _____

E. PAYEE INFORMATION:

If you are requesting support for bill payment please attach copies all bills and information about all payees):

Payee Name _____ Contact Person _____

Company Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Account # _____ Total Amt. Due \$ _____ Amt. Requested \$ _____

Payee Name _____ Contact Person _____

Company Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Account # _____ Total Amt. Due \$ _____ Amt. Requested \$ _____

Payee Name _____ Contact Person _____

Company Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Account # _____ Total Amt. Due \$ _____ Amt. Requested \$ _____

F. LIST TWO REFERENCES (Family Members ok)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Phone (____) _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Phone (____) _____

I am willing to accept counseling if recommended (Check the type of counseling you will consider):

Financial Marriage General

I hereby authorize the release of information to the Ephesus SDA Church Benevolence Committee (BC) to receive the assistance I am requesting. I further certify that the information I have stated is true and correct and that all income is reported. I understand that Ephesus SDA Church Benevolence Committee (BC) may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services. I give permission for Ephesus SDA Church Benevolence Committee (BC) to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understand, and agree to the policies above regarding the Release of information.

Applicant's Signature _____ Date _____

(Office use)

AMOUNT APPROVED: \$ _____

Approval: X _____ Date: _____
Benevolence Committee Chairperson

X _____ Date: _____
Treasurer