**Benevolence Policy**

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\**PivotHR Solutions sample policies serve for illustrative purposes only and do not represent legal or tax advice. Should your ministry have legal or tax questions, please see an attorney to discuss your specific context.*

**Policy Statement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ takes special interest in caring for those church members who find themselves in difficult life circumstances that necessitate financial assistance (1 Timothy 5:8; 2 Corinthians 9:6-7). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ considers benevolence on a case-by-case basis and members may request benevolence at any point in time. All benevolence requests are reviewed and approved by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before ratification. Benevolence approvals take into consideration the current circumstances and financial need of the member, prior member benevolence (if any) and ministry operating budget. Any potential benevolence will not exceed $\_\_\_\_\_\_\_ in any one calendar year.

Importantly, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cannot guarantee financial assistance nor can long-term or repeated assistance be granted. Likewise, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not consider loan repayments, taxes, legal fees or expenses, late fees, payments 60 days or more in arrears or any other expense that cannot be objectively verified as eligible for benevolence. Assistance will be provided through gift card, payment directly to the service provider, or vendor. The church will not give the requestor cash.

**Benevolence Process**

While \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may grant benevolence without being requested, the church generally follows the below process in considering benevolence requests from church members.

* *Request Form*. Requestors should submit the attached *Benevolence Request Form* each time benevolence is requested from the church.
* *Need.* Requestors should submit copies of the need and/or bill that clearly states the due date, amount needed, and the vendor/ service provider. Copies should be submitted, not originals.
* *Budget.* Requestors should submit a current budget in use for at least the prior three (3) months. As well, if employed, a copy of a current pay stub will need submission from each person in the household (dependents under age 22 should not be included).
* *Financial Stewardship.* The church desires prior attendance and completion of a financial budgeting class or study (for example, Dave Ramsey’s, *Financial Peace*; Larry Burkett’s, *Crown Financial Ministries* study)*.* If a Requestor has not attended and completed a class, it does not necessarily disqualify the Requestor from benevolence. If benevolence is requested a second time, Requestors are required to attend and complete a class as well as meet with a budget coach (elder and wife team or assigned persons) before benevolence is further considered.

Upon review of all necessary information, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will determine church benevolence balancing the member need and church stewardship practices.

**Benevolence Request Form**

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**Instructions**

Please complete the *Benevolence Request Form* for church financial assistance. All information areas must be completed and questions answered before the church may consider a benevolence request. The request form and supporting documentation should be submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All requests should be given a two-week approval process, assuming all necessary information is submitted in full.

**Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Email Address |  |
| Total Family in Household |  |
| Length of Church Attendance |  |
| Ministry Service (worship, hospitality, etc.) |  |

**Request Proper and Necessary Information**

*Benevolence Request:* Please state reasons and circumstances leading to financial request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the need(s), vendor(s) and needed amount(s). **A current copy (not original) of the bill must be submitted.**

|  |  |  |
| --- | --- | --- |
| **Need**  (electricity, water, etc.) | **Vendor**  (landlord, service provider) | **Needed Amount**  (state exact amount) |
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Have you received prior benevolence from the church? If so, when and how much money was given? Please list each occurrence individually if more than once.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or others in your household currently employed? If so, where and for how long? (if not, please answer N/A). Please do not include dependents under age 22.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not employed, please state circumstances regarding unemployed status of those in your household.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If employed, how much do you and others in your household earn per month (gross, before taxes)? Please state each person individually; do not include dependents under age 22.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If employed, have you asked your employer for additional work hours or assistance to temporarily increase your income? Please elaborate.

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If employed, have you considered temporarily reducing your retirement contributions, requested a vacation payout or other available employer cash options? Please elaborate.

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Have you considered locating a part-time position to offset your current expenses?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current budget? How many months have you used the budget? **Please attach a copy of your current budget that has been in use for at least three (3) months.**

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Have you evaluated and cut all unneeded monthly expenses (i.e., cable, Netflix, Sling, extra cell phones, extra data plans, entertainment, gym memberships, etc.)? Please elaborate.

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Have you attended and completed a financial budgeting class and/ or study (i.e., Dave Ramsey’s, *Financial Peace*; Larry Burkett’s *Crown Financial Ministries* study, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you filed bankruptcy in the past? Please elaborate.

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If you receive assistance, how will you pay for next month’s financial needs? Please elaborate.

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Please list *Current, To-Date Balances* of the following:

|  |  |
| --- | --- |
| **Account** | **Balance** |
| Checking |  |
| Savings |  |
| Retirement Accounts |  |
| Other |  |

Please list all *Monthly Bills* and *Once Per Year/ Semi-annual/ Irregular Bills*. Please include house payment, utilities, car payments or leases, gasoline, food, cell phone and data plans, entertainment (eating out, movies), gym, spa, and any other miscellaneous expenses.

|  |  |  |
| --- | --- | --- |
| **Bill/ Expense** | **Frequency**  (monthly, annually etc.) | **Amount** |
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Please list all *Income* and *Revenue* Sources. Please include current employment earnings, unemployment amounts, social security, child support, alimony, disability, retirement income, gifts from other charities, family and friends, or any other sources of income/ revenue received. **Please attach a copy of the most current pay stub from each working person in household (do not include dependents under age 22).**

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| --- | --- | --- |
| **Income/ Revenue Source** | **Frequency** | **Amount** |
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**Privacy Statement**

The church values your privacy and will not share your personal information with those outside the necessary members, staff and elder board in review. The church will procure your permission before submitting your personal information to any agency or charity (within confines of the law). Should you have any concern in this regard, please speak with a member of the benevolence committee or church elder.

**Form Submission Checklist**

* Copies of Need/ Bill(s) Attached
* Budget Attached
* Copies of Current Pay Stub from Each Person in Household (do not include dependents under age 22)
* Is the *Benevolence Request Form* completed in full?
* Is everything truthful to the best of your knowledge?

**Benevolence Request Form**

**Signatures**

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Thank you for requesting benevolence from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will gladly respond to your inquiry within two-weeks. By signing this request form, you acknowledge that all information provided is truthful and you give the church permission to discuss your situation with necessary persons within the church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Signature Date

**FOR CHURCH USE**

Committee Decision and Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overseeing Elder Signature Date