



Date: _____

1 John 4: 16b "God is love. Whoever lives in love lives in God, and God lives in him."

BENEVOLENCE APPLICATION

AGAPE: Love From Above to Our Community exists to help people who are in need and the agencies that also help those in need. We attempt to offer supplemental assistance after all other venues have been exhausted.

Galatians 6:2 "Bear one another's burdens and so fulfill the law of Christ.

Applicant Name: _____ Spouse/Significant Other Name: _____

Applicant Home Address: _____

We want to help, if we can. There may be times and circumstances, however, which we will inform you about, that may require us to verify certain things or to consult with other agencies or people to get you the help you need. Thus, we ask you to allow us to talk to these sources about the information you provide us in this application. We need your permission to do so. We request that you read the below waiver of confidentiality and consent to our limited use in disclosing that information solely to determine whether we can assist you.

Waiver of Confidentiality and Consent

I (We) certify, under penalty of disqualification, that the information on this application and the statements made are true, correct and complete to the best of my (our) knowledge and ability. I (We) certify that all income, expenses and assets for this application have been reported on this application.

I (We) authorize **AGAPE: Love From Above to Our Community** to make any investigation and contacts concerning me (us), or other members of my household, which is deemed necessary to determine program eligibility for any assistance and/or benefits I (we) are requesting, have received or will receive under programs administered by **AGAPE: Love From Above to Our Community**.

I (We) authorize the release of information related to the assistance I (we) have requested by **AGAPE: Love From Above to Our Community** or its representatives. I (We) authorize **AGAPE: Love From Above to Our Community** to obtain and exchange information related to my (our) application in order to participate in their programs. The release of information shall be in effect while I am (we are) an applicant or recipient of assistance and/or benefits.

I (We) understand that AGAPE provides financial and in-kind assistance only one time per calendar year. On a case by case basis, under special circumstances, additional assistance may be given.

Applicant Signature

Date Signed

Spouse/Significant Other Signature

Date Signed

Signature/Title of Person Completing Application (if different from Applicant)

Date Signed

AGAPE: Love From Above to Our Community Signature

Date Signed

We assist with a **hand-up** not a **hand-out**. There are no entitlements. We believe God expects each person to be self-sufficient, to work and support their family. God also expects His people to help one another in love, particularly during hard times or when unexpected circumstances occur. That loving support we want to give is to provide hope for our clients who want to be self-sufficient. God helps those who help themselves

Personal/Family Information:

Applicant Date of Birth: ___/___/___ Male: ___ Female: ___

Spouse/Significant Other Date of Birth: ___/___/___ Male: ___ Female: ___

Jeremiah 1: 3 "Before I made you in your mother's womb, I chose you. Before you were born, I set you apart for a special work."

Applicant Home Phone: _____ Applicant Cell Phone: _____

Members Living in Applicant's Household:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Do you have any pet(s)? (circle one) YES NO If yes, how many? _____

If yes, what kind(s) of pet(s): _____

Do you have any relatives living within: 10 Miles 25 Miles 50 Miles 100+ Miles

If yes, Name of Relative(s): 1. _____ 2. _____

Address of Relative(s): _____

Telephone of Relative(s): _____

Shelter Information:

Do you RENT/OWN/Other? (Circle one) Length at current address: _____ MONTHS/YEARS (circle one)

House () Apartment () Mobile Home () Rent to Buy () HUD Housing ()

Name of Applicant's Landlord: _____ Landlord Telephone: _____

Landlord's Address: _____

Have copy of lease? ___ Yes ___ No

Assistance Needed:

I request assistance for (include reason assistance is required): _____

Please list all agencies to which you have applied and result: _____

Were you referred to AGAPE? ___ Yes ___ No If yes, by whom? _____

Applicant Monthly Income

Employment: \$ _____
Retirement: \$ _____
Social Security: \$ _____
SSI: \$ _____
SSD/Disability: \$ _____
Unemployment: \$ _____
Cash Assistance: \$ _____
Child Support: \$ _____
Alimony: \$ _____
Pension: \$ _____
Food Stamps: \$ _____
WIC: \$ _____
Other: \$ _____

Spouse/ Significant Other Monthly Income

Employment: \$ _____
Retirement: \$ _____
Social Security: \$ _____
SSI: \$ _____
SSD/Disability: \$ _____
Unemployment: \$ _____
Cash Assistance: \$ _____
Child Support: \$ _____
Alimony: \$ _____
Pension: \$ _____
Food Stamps: \$ _____
WIC: \$ _____
Other: \$ _____

TOTAL COMBINED INCOME: \$ _____

Household Monthly Expenses

Rent/Mortgage: \$ _____
HUD Housing: \$ _____
Electric: \$ _____
Telephone: \$ _____
Cell Phone: \$ _____
Heating Gas/Oil: \$ _____
Water/Sewer: \$ _____
Groceries: \$ _____
Internet: \$ _____
TV/Cable/Satellite: \$ _____
Trash: \$ _____
Credit Card(s): \$ _____
Child Support: \$ _____
Alimony: \$ _____
Auto Loan: \$ _____
Auto Fuel: \$ _____
Auto Insurance: \$ _____
Other Loan: \$ _____
Home Insurance: \$ _____
Health Insurance: \$ _____
Pet Expenses: \$ _____
Medical Bills: \$ _____
Fines: \$ _____
Past Due Monthly Bills: \$ _____
Clothing: \$ _____
Other: \$ _____

TOTAL COMBINED EXPENSES: \$ _____

INCOME MINUS EXPENSES: \$ _____

Philippians 4: 11-13 "I'm not saying that because I need anything. I have learned to be content no matter what happens to me. I know what it's like not to have what I need. I also know what it's like to have more than I need. I have learned the secret of being content no matter what happens. I am content whether I am well-fed or hungry. I am content whether I have more than enough or not enough. I can do everything by the power of Christ. He gives me strength."

AGAPE's financial support that is used to assist our clients to fulfill their needs is provided by God's blessings through individuals of our community, churches and organizations who follow His call to help those in need and as taught by Jesus in Matthew 25. We use no government funding. Our client's responsibility in return is to accept God's gift with thanks and to remember the caution the Lord's apostle Paul gave to us: "We worked, even though we have the right to receive help from you. We did it in order to be a model for you to follow. Even when we were with you, we gave you a rule. We said, "Anyone who will not work will not eat." We hear that some people among you don't want to work. They aren't really busy. Instead, they are bothering others. We belong to the Lord Jesus Christ. So we strongly command people like that to settle down. They have to earn the food they eat." 2 Thessalonians 3: 9ff (NirV).

Employment Information:

Applicant/Significant Other Combined Asset Inventory

Do you own a vehicle, boat, motorcycle, ATV, etc.? (circle one) YES NO How many? _____

Year: _____ Year: _____ Year: _____

Make/Model: _____ Make/Model: _____ Make/Model: _____

Amount Owed: _____ Amount Owed: _____ Amount Owed: _____

Do you have any retirement funds/savings? (circle one) YES NO How much? _____

Do you have other assets valued at \$1,000 or more? (circle one) YES NO How much? _____

Applicant Employment History

Employer 1 (current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

Employer 2 (before current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

When was the last time you applied for a job? _____ Where? _____

Spouse/Significant Other Employment History

Employer 1 (current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

Employer 2 (before current or most recent): _____

Start Date: ____/____/____ End Date: ____/____/____ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

When was the last time you applied for a job? _____ Where? _____

EMPLOYMENT STATUS

(Please check all that apply)

- Full-time Employed
- Part-time Employed
 - One part-time job
 - Two or more part-time jobs
- Part-time employed and disabled
- Unemployed
 - Disabled
 - Retired
 - Stay at home parent
 - Can't find job
 - Stopped looking for job

If unemployed (please check):

- Receiving unemployment benefits
- Unemployment benefits expired:
 - 0 to 3 months ago
 - 3 to 6 months ago
 - 6 to 12 months ago
 - Over 12 months ago
 - Was ineligible to receive unemployment benefits

Other Concerns:

Are you a veteran? ____ Yes ____ No

Are you a cancer survivor? ____ Yes ____ No

Are you a victim of domestic violence? ____ Yes ____ No

Are you a subject of foreclosure? ____ Yes ____ No Are you a subject of eviction? ____ Yes ____ No

Are you a single parent? ____ Yes ____ No Grandparent raising Grandchildren? ____ Yes ____ No

The primary applicant should also indicate if they are:

Ethnicity: (select only one) _____ Hispanic _____ Not Hispanic or Latino

Race: (select one or more) _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ White
_____ Native Hawaiian or Other Pacific Islander

Have difficulty with (please check all that apply):

- Transportation to and from work
- Transportation to and from social services
- Transportation to and from shopping / obtaining essential living items.
- Transportation in an emergency situation (i.e. – Hospital, etc.)
- Would you be will to use public transportation, if available?

Applicant’s Signature	Date	AGAPE Front Desk Volunteer	Date
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Matthew 6: 31-34: “So don’t worry. Don’t say, ‘What will we eat? Or, ‘What will we drink?’ Or, ‘What will we wear?’ People who are ungodly run after all of those things. Your Father who is in heaven knows that you need them. “But put God’s kingdom first. Do what He wants you to do. Then all of those things will also be given to you. So don’t worry about tomorrow. Tomorrow will worry about itself. Each day has enough trouble of its own.”

OPTIONAL

THE NEXT QUESTIONS ARE FOR AGAPE’S INTERNAL USE ONLY

FAITH CONCERNS

Do you have a Bible? _____ Yes _____ No If “No” would you like one? _____ Yes _____ No

What language do you prefer? _____

Do you have a church? _____ Yes _____ No Are you looking for a church? _____ Yes _____ No

Would you like to talk to someone about your faith? _____ Yes _____ No

Would you like to find out what the Bible says about your current problems? _____ Yes _____ No

Can we pray for you, your family, your problems or situation? _____ Yes _____ No _____ Maybe

Do you have any other spiritual questions, issues we can help you with?

Proverbs 3: 5-6 “Trust in the Lord with all your heart. Do not depend on your own understanding. In all your ways remember Him. Then he will make your paths smooth and straight.”

