

New City Church
Request for Benevolence

Applicant Name_____	Phone_____
Address_____	
City_____	State_____ ZipCode_____
Employment_____	

Beneficiary Name_____ Phone_____

Address_____

City_____ State_____ Zip _____

Employment_____ Age_____ MaritalStatus_____

Spouse'sName_____ Spouse'sEmployment_____

Children's Names & Ages_____

Current Need:_____

Deadline_____ AmountNeeded_____

Circumstances surrounding need:

Has the person turned in a ~~Good Sense~~ profile?

Is the person willing to work with a ~~Good Sense~~
counselor?_____

For Benevolence Committee Only:

Comments based on profile

Date of request _____ Date profile is
returned _____

Benevolence account balance
remaining _____ Approved? _____