

Due to the required processing time,  
We are unable to consider applications  
requesting assistance with  
**UTILITY or RENT / MORTGAGE**  
that have a scheduled cutoff or eviction  
within the next **7 DAYS**  
PLEASE REFER TO THE **“What Can I Do?”**  
page of this packet for a checklist of things that  
may help if you are in this time frame.

To All Benevolence Applicants,

**EVERY ATTACHED FORM & ALL INFORMATION MUST BE COMPLETED** in order for the benevolence team to fully consider & make a timely determination on benevolence assistance. All information is confidential.

**OMISSION of ANY information will always DELAY** the team’s ability to finalize the decision process.

The Benevolence Team meets every Wednesday afternoon, as applications require. Every effort is made to consider applications received through Tuesday of the current week. NO guarantees can be made concerning applications received in the same week, as many variances impact the ability to prepare & review an application for that week’s meeting.

Please understand that simply filling out these forms and returning them does NOT guarantee any financial commitment on the part of Blue Ridge Community Church.

All completed applications should be returned to:

Blue Ridge Community Church  
2361 New London Road  
Forest, VA 24551

**IF YOU HAVE ANY QUESTIONS CONCERNING COMPLETION, please contact us @**

**434-525-7481 ext 133, or email [cpr@blue-ridge.org](mailto:cpr@blue-ridge.org)**

We appreciate your patience & understanding of this process.

Betsy Hudson  
CPR Support Team

# BENEVOLENCE APPLICATION

( This is a confidential application for review by the Benevolence Committee ONLY )

Our Benevolence Application is designed to help our church family. In order to be considered, this APPLICATION MUST BE FILLED OUT COMPLETELY.

PLEASE PRINT

**NAME:**

**Today's Date:** \_\_\_/\_\_\_/\_\_\_      **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

Marital Status:  Married  Separated ( # mos. \_\_\_ )  Divorced ( # yrs: \_\_\_ )  Single  Widowed

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Phone Numbers:** Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell \_\_\_\_\_

**Email Address:** Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Home Address:** \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_

**How long have you lived at this address?:** Years \_\_\_ Mos \_\_\_      **Do You?**  OWN  RENT

**Names & Ages of Children Living with You:**

1) \_\_\_\_\_ Age \_\_\_\_\_

2) \_\_\_\_\_ Age \_\_\_\_\_

3) \_\_\_\_\_ Age \_\_\_\_\_

4) \_\_\_\_\_ Age \_\_\_\_\_

**Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Yr: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Yr: \_\_\_\_\_

**Do you:**  Lease  Own

**Do you have an active Auto Insurance Policy on these vehicles?**  Yes  NO

**How Long Have You Been Attending Blue Ridge Community Church?** \_\_\_\_\_

**I am a:**  Member  I attend (on average) how many Sundays per month? \_\_\_\_\_

**I participate(d) in:**  Intro to Blue Ridge  Encounters  Imprints

Celebrate Recovery:  Empty Nesters  Monday Night Men's/Womens Groups

Men's Saturday Breakfast  Other: \_\_\_\_\_

**I volunteer to serve in:** \_\_\_\_\_

**My leaders/friends @ Blue Ridge are:** \_\_\_\_\_

Where does your nearest relative live? \_\_\_\_\_ Are they aware of your need?  YES  NO

Have you ever filed Bankruptcy?  NO  YES → If Yes, Year Filed: \_\_\_\_\_ Type Filed: \_\_\_\_\_

Have you received ANY Financial Counseling in the PAST?  NO  YES → If Yes, where? \_\_\_\_\_

Is your spouse (if married) aware that you are applying for assistance?  YES  NO

Have you applied for assistance from Blue Ridge Community Church in the past?  YES  NO

Month & Yr Requested: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ Amount Rec'd: \$ \_\_\_\_\_

If we offer assistance, you may be required to participate in a financial program @ Blue Ridge Community Church. Are you willing to make that commitment?  YES  NO

Are you receiving ASSISTANCE currently from any other source? NO  YES

If YES, indicate the amount rec'd monthly from each source for your household:

Medicaid: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_ TANIFF: \$ \_\_\_\_\_ Medicare: \$ \_\_\_\_\_ SSI: \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Child Support: \_\_\_\_\_ Churches: \$ \_\_\_\_\_

Other: \_\_\_\_\_

List any PREVIOUS ASSISTANCE that you have rec'd, from any source, in the past 5 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Current Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_ How Long Employed At This Job?: \_\_\_\_\_

If Unemployed, Last Employment Information: Company Name: \_\_\_\_\_

Date Hired: \_\_\_ / \_\_\_ / \_\_\_ Date of Termination: \_\_\_ / \_\_\_ / \_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

If Married, Spouse's Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

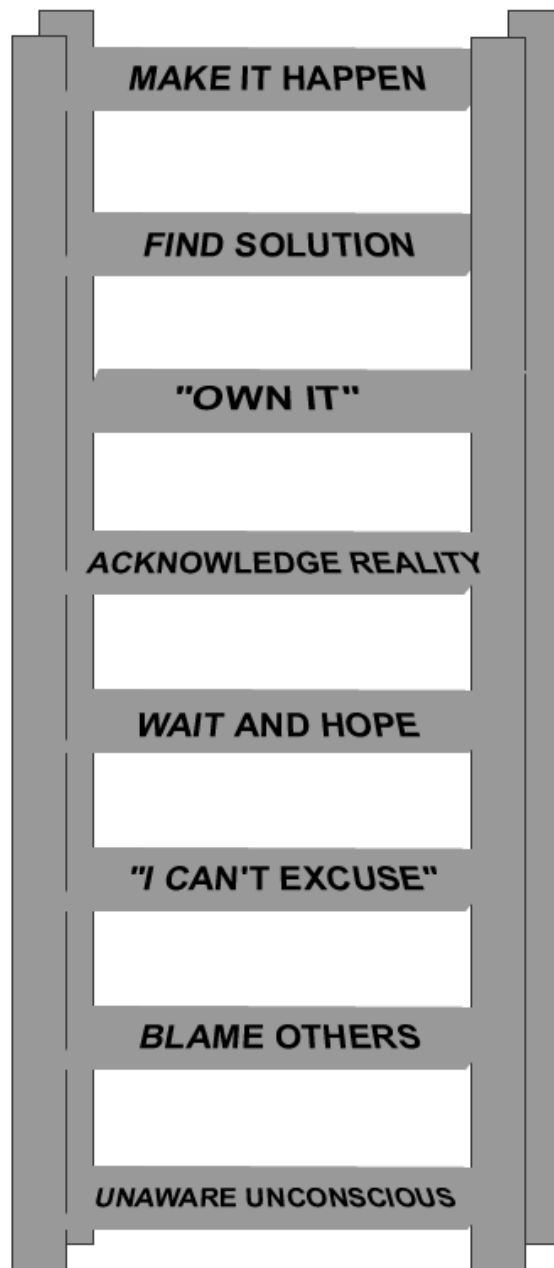
Monthly Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_ How Long Employed At this Job? \_\_\_\_\_

If Spouse Unemployed, Last Employment Information: Company Name: \_\_\_\_\_

Date Hired: \_\_\_ / \_\_\_ / \_\_\_ Date of Termination: \_\_\_ / \_\_\_ / \_\_\_ Reason: \_\_\_\_\_



# The Ladder of Self Responsibility and Accountability



Evaluate where you are on the ladder and write your thoughts below.

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# WHAT CAN YOU DO?

Given the time requirements for the benevolence application process, we **regret that we are unable to finalize the application process** for payments that are needed for:

## **UTILITY or RENT/MORTGAGE**

that have a scheduled **cutoff or eviction** within the **next 7 days**.

If you are in this situation, we offer the following checklist of suggestions to HELP you.

- Call and try to set up payment arrangements with the utility company, your landlord or the mortgage company. Often times if you explain to them your situation, they will work with you to attempt some type of alternate payment arrangement.
- Contact the local agencies/ organizations listed below who are available to offer assistance with utilities and housing.

### **Interfaith Outreach**

[www.interfaithoutreach.org](http://www.interfaithoutreach.org)

701 Clay St., Lynchburg, VA 24504  
434.846.6098.

### **Lyn – CAG**

[www.lyncag.org](http://www.lyncag.org)

926 Commerce St., Lynchburg, VA 24504  
434.846.2778

### **Salvation Army**

2301 Park Ave, Lynchburg, VA 24501  
434.846.3525

### **211 Virginia**

Dial 211 or [www.211virginia.org](http://www.211virginia.org)

# FUND GUIDELINES AND AGREEMENT

## PLEASE READ AND SIGN BEFORE SUBMITTING APPLICATION

Initial Each  
Section

\_\_\_\_\_

1. We are able to offer various forms of benevolence assistance, which in addition to financial assistance, may also include requirements for different forms of support groups, financial-coaching and mentoring. Consideration for financial assistance requires that you be an attendee or you have an active BRCC attendee acting on your behalf as your sponsor. Non-attendees, without a BRCC sponsor are welcome to move forward with this process, knowing that financial assistance is not available, but that our benevolence team will embrace your situation and the opportunity to prayerfully move towards other forms of assistance, such as that outline above.
2. A Regular Attendee of BRCC is defined as someone having attended BRCC for at least 2 months, consistently. An active sponsor is someone attending BRCC for at least 6 months and is subject to the approval of the Benevolence Committee.
3. We at BRCC believe that financial instability is only one aspect of the whole person. All forms of assistance are considered a process of helping the individual acquire the biblical disciplines and skills necessary, not only to manage their own financial affairs, but also grow to a point where they become a potential resource of wisdom and knowledge to minister to others. We will not participate in supporting a lifestyle or decision process that is not biblical. Potential recipients of any type of assistance must agree to participate in financial counseling and mentoring as requested by the Benevolence Committee.
4. If you have received financial assistance from the BRCC Benevolence Fund in the past, you MUST have followed through with ALL previous recommendations BEFORE any additional assistance can be considered. If you have not fulfilled a previous benevolence requirement, we would encourage you to contact us so that we can assist you with fulfilling those previous requirements.
5. The Benevolence Committee reserves the right to refuse assistance to anyone.

\_\_\_\_\_

\_\_\_\_\_

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### Agreement Acknowledgement:

I have read and understand each of the above items. I agree that in making application for assistance, I am willing to allow Blue Ridge Community Church to come alongside to assist me in not only short-term assistance, but I also agree to follow through with long-term guidance to resolve my present situation. I further agree to continue my personal growth by attending support groups, counseling or mentoring that may be recommended by the Benevolence Committee.

Signature: _____ Date: ____/____/____
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