

PERSONAL INFORMATION SHEET  
Benevolence Committee

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Social Security # \_\_\_\_\_ Tel: \_\_\_\_\_

Alternate Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Last 2 addresses and how long you've lived there:

(1. \_\_\_\_\_ / \_\_\_\_\_

(2. \_\_\_\_\_ / \_\_\_\_\_

Landlord's Name and Tel. # for each of the above:

(1. \_\_\_\_\_ Tel. \_\_\_\_\_

(2. \_\_\_\_\_ Tel. \_\_\_\_\_

Please list all persons in your household:

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If you are married, for how long? \_\_\_\_\_

Relatives: Name Address Christian?

1. \_\_\_\_\_

2. \_\_\_\_\_

Who above is able to help with living quarters, financially, or in some other way?

Please name your 3 previous employers:

Name Dates Why left?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What types of work are you qualified to do?

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Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Are you sure of your eternal salvation? Yes \_\_\_\_\_ No \_\_\_\_\_

What church do you attend? \_\_\_\_\_ Tel.# \_\_\_\_\_

Please list the last 2 Churches that you have attended:

Why did you leave?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Did they supply aid? Yes \_\_\_ No \_\_\_ If yes, what aid? \_\_\_\_\_

Please list the types of aid do you receive now

What is the amount received?

Unemployment \_\_\_\_\_

\$ \_\_\_\_\_

Welfare \_\_\_\_\_

\$ \_\_\_\_\_

Salvation Army \_\_\_\_\_

\$ \_\_\_\_\_

Food Stamps \_\_\_\_\_

\$ \_\_\_\_\_

From Ministers/churches \_\_\_\_\_

\$ \_\_\_\_\_

From individuals \_\_\_\_\_

\$ \_\_\_\_\_

Social Security/Disability \_\_\_\_\_

\$ \_\_\_\_\_

Other \_\_\_\_\_

\$ \_\_\_\_\_

What are your living expense needs?

1. Food per week/month \$ \_\_\_\_\_ 2. Utilities per wk/month \$ \_\_\_\_\_

3. Rent per week/month \$ \_\_\_\_\_ 4. Transportation per wk/month \$ \_\_\_\_\_

5. Other \_\_\_\_\_ Total per wk/month \$ \_\_\_\_\_

Income from employment: \$ \_\_\_\_\_

If you have applied for help from other sources and it was denied, why was help denied?

Do you have a car or access to transportation?

Are any (other) members of your family unemployed? \_\_\_\_\_

What medical problems might you have? \_\_\_\_\_

References to confirm your history and need:

	<u>Name</u>	<u>Tel. #</u>	<u>Address</u>
1.	_____	_____	_____
2.	_____	_____	_____

What is your request at this time?

How did you happen to come to our church?

The above information is true to the best of my knowledge. The church has my permission to check with any of the above sources to use them to determine assistance. I understand that the church does not bind itself to assist me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by \_\_\_\_\_

Action Taken and Date