



## Benevolence Assistance Request

### What is the Benevolence Fund?

The Benevolence Fund is a limited financial fund, made available by application to anyone struggling financially due to unforeseen circumstances.

The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

Your request will be reviewed, and you will be contacted if more information is needed. A failure to provide requested information will forfeit your eligibility for benevolence. Upon a decision you will be notified by telephone. If your request is approved, it may take up to two weeks to receive funding. You are only eligible to receive assistance once every twelve months. The decision made by Hope 311 Foundation or its representatives regarding financial assistance is final and there is no appeal. Once considered, we will contact you and schedule a time to meet to review application further.

### What kind of help is available?

Our concern for you is not limited to your financial situation. We care about your emotional, spiritual, and relational health, as well as your general well-being.

*Guidelines for Financial Assistance:*

1. Only Checks will be issued (No Cash)
2. Financial Assistance will only cover basic needs such as
  - A. Program Fees, background check for housing
3. Financial Assistance will not cover items such as:
  - A. Telephone, internet or cable
  - B. Car Payment
  - C. Automobile Insurance
  - D. Items not considered to be “essential needs”

# Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you in recovery? Yes  No  Are you currently homeless? Yes  No

Do you have children? Yes  No  Do you have custody? Yes  No  N/A

Have you ever been convicted of a crime? Yes  No

Do you have a budget? Yes  No  Are you interested in budgeting? Yes  No

## Employment Information

Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job title: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ If unemployed, how long? \_\_\_\_\_

What steps are you taking to seek employment?

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References	Relationship	Phone Number

Full Name	Age	Custody Y/N	Relationship	Income

List your specific request

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What events led to your needing assistance?

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Tell us a little about yourself

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What is your hope after receiving assistance?

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# Additional Information

Have you contacted anyone else for assistance in the last six months? Yes  No

Please Specify: Family  Friends  Churches  Agencies

Are any of the above assisting with your need? Yes  No  If yes, amount: \_\_\_\_\_

Are you receiving aid from a government agency? Yes  No  If yes, amount: \_\_\_\_\_

Notes

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## FOR OFFICE USE ONLY

Approved  Approved Amount \_\_\_\_\_

Denied  Reasons for Denial \_\_\_\_\_

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