

**Rabbouni Catholic Community
Benevolence Fund
Application for Assistance**

Personal Information

Name:

Address:

Telephone: (Home)

(Work)

(Cell)

Email:

Date of Birth:

Marital Status:

Spouse's Information

Name:

Address:

Telephone: (Home)

(Work)

(Cell)

Email:

Date of Birth:

Applicant Employment History

Employer:

Address:

Employment Dates:

Position and Job Description:

If you are unemployed, are you currently seeking employment?

How long have you been unemployed?

Reason:

What steps are you taking to seek active employment?

Spouse's Employment History

Employer:

Address:

Employment Dates:

Position and Job Description:

Other Persons Sharing Your Household

Name

Date of Birth

Relationship

Monthly Income

Housing

Own/Purchasing/Renting:

How long have you been at your present address?

Landlord/Mortgage Company:

Address:

Phone:

Statement of Need

Amount of financial assistance requested:

What circumstances have created your need:

Duration of need (how long and how frequently will you need assistance):

Have you received assistance from this fund in the past?

If yes, please indicate dates and amounts of assistance:

Is there a specific date that you need the money?

Assets

What is the value of your total current assets, not including any living necessities such as a house, vehicle, medical equipment, or household furnishings?

Cash/Checking Account/Savings Account/CDs:

Investments:

Other Assets (boats, motorcycles, etc.):

Monthly Income and Expenses

Please complete the attached worksheet (Page 6).

Assistance

What options are available to you for support/assistance (family, friends, church, social service agencies, community area ministries, etc.)?

What type of assistance, if any, do you currently receive (Medicaid, EBT, LEAP, disability, etc.)?

Other Information

What other information would you like to communicate to the Rabbouni Catholic Community for consideration:

If approved, to whom should the check be made payable and address where the check should be sent?

How did you hear about Rabbouni's Benevolence Fund?

Terms and Conditions

Submitting this application does not guarantee you will be approved for assistance. Once you submit your application, it will be reviewed by Rabbouni Catholic Community. You will be notified if it is approved or denied.

By submitting this application, I attest that I filled out the above information to the best of my abilities and that the information is accurate.

I further authorize the release of Information to Rabbouni Catholic Community to receive the assistance I am requesting. I give permission to Rabbouni Catholic Community to discuss my case with other agencies, businesses, churches, attorneys, and any other individuals deemed necessary to verify application information and/or identify other sources of assistance.

Signatures

Applicant (Print Name)

Signature

Date

Spouse (if applicable, print name)

Signature

Date

Monthly Income and Expenses

Monthly Income:

Job No. 1 (take home pay)	\$_____
Job No. 2 (take home pay)	\$_____
Spouse's Job No. 1 (take home pay)	\$_____
Spouse's Job No. 2 (take home pay)	\$_____
KTAP	\$_____
Child Support	\$_____
Retirement	\$_____
Social Security	\$_____
SSI/Disability	\$_____
Food Stamps	\$_____
Other:	
_____	\$_____
_____	\$_____

How often paid? _____

Total Monthly Income \$_____

Monthly Expenses:

Tithes/Contributions	\$_____	
Rent/Mortgage	\$_____	Balance: _____
Home Insurance	\$_____	
Car payment(s)	\$_____	Balance: _____
Auto Insurance	\$_____	
Auto (gasoline)	\$_____	
Electric/Gas	\$_____	
Water	\$_____	
Phone	\$_____	
Cable TV	\$_____	
Daycare/Child Support	\$_____	
Loan/Credit Card Payments	\$_____	Balance: _____
Other:	\$_____	

Total Monthly Expenses \$_____

Official Use Only by Fund Representative

Approved: Yes _____ No _____

Need more information: Yes _____ No _____

Denied: Yes _____ No _____

Approved—Check Issued:

Check Payee: _____

Check No.: _____ Amount: _____ Date: _____

Check Mailed to: _____

Approved--Gift Card or Cash Issued:

Amount: _____ Date: _____

Signature of Recipient: _____

Recipient (Print Name)	Recipient Signature	Date
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Signature of Fund Representative:

Fund Representative (Print Name)	Fund Representative Signature	Date
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