

Benevolence Policy

The benevolence fund of Riverside Church is a fund established to bless people who are in a financially hard place. There is a benevolence oversight department and accounting department that helps determine the distribution of these funds. It is our desire to administer these funds to the glory of God. We view this fund as a resource belonging to God (I Chronicles 29:11-12), and we will use loving discernment to distribute the funds wisely (Acts 6.1-6). In administering the funds it has been determined that the distribution of funds to church members should be treated separately from non-members.

Recipients

In order of priority, recipients of funds distributed from the benevolence fund are:

- 1. Church Members
- 2. Regular Attenders
- 3. Members of the local community

Criteria

The stated purpose of the benevolence fund is to meet people's basic needs. Normally, these needs are defined as follows:

- Lodging
- Food
- Clothing
- Medical treatment
- Transportation to & from work

Procedure for Disbursement

- 1. A benevolence request form must be filled out by the individual requesting help.
- 2. Once filled out, the application is returned to the church office representative.
- The benevolence oversight department reviews the request and comes to a decision.
- 4. The person making the request is informed of the decision by a church office representative.
- Checks are written and disbursed, As much as possible, checks from the benevolence fund will be payable to vendors rather than to the individual requesting assistance.

Benevolence Limitations

- The benevolence fund operates on a first come, first serve basis as the fund will fluctuate due to budget and requests.
- There is no guarantee that the requested amount will be able to be covered.
- The benevolence fund will only be disbursed to an individual/family at \$300 max per request.
- The annual cap for an individual/family to receive in total is \$1,000 per year.



Benevolence Fund-Member/Non-Member Request

to be completely filled	out by the member/	non-member requesting	neip.
Date:	Name of Member (I	Please Print):	
How long have you be	een attending Riversio	de Church?	
Name of Non-Membe	r:		
Address:			
Phone Number(s): Home		Cell	
Monthly Expenses (ple	ease be as specific as	s possible)	
TYPE	OWED TO	MONTHLY AMT	Remaining Amt Owed
Rent/Mortgage			
Auto			
Gasoline			
Taxes			
Personal Loan			
Utilities: Electric			
: Water			
: Phone			
Cable/Internet			
Groceries			
Insurance(s)			
Other Payments			
An outpoont/Moutpoons	. Compony Informat	i.a	
Apartment/Mortgage	Company imormat	.1011.	
Name of Apartment/M	lortgage Company: _		
Contact Name:	Phone I	Number:	
Mailing Address:			
Employer name and P	hone #:		

Total Monthly Income for everyone in your household:				
If unemployed, list the last 3 places that you worked and dates of employment:				
1.				
If unemployed, list the last 3 places you have applied for work with dates and status:				
1				
Is anyone in your household unemployed due to disability? Yes No				
Is anyone in your household receiving disability benefits? Yes No				
Name, relationship to you, and the ages of everyone living in your household:				
Amount Requested \$ Purpose for request				
If this is a bill, what is the due date? (Please provide a copy of the bill.)				
What is the crisis or situation that has caused you to ask for assistance?				
If assisted by Riverside Church, how will you pay for next month's expenses?				
Have you, or anyone in your household, ever been helped by Riverside Church?				
Yes No				
If yes, when?				
Have you contacted Social Services? Yes No				
What is your payment record with the local utility company?				
Always on time Sometimes late Usually late				



Can the police department, utility companies as	nd local ministries verify that the
information in this application is correct? Yes _	No
Signature	Date
What is the name of your church contact?	