



Date: \_\_\_\_\_

*1 John 4: 16b "God is love. Whoever lives in love lives in God, and God lives in him."*

**BENEVOLENCE APPLICATION**

**AGAPE: Love From Above to Our Community** exists to help people who are in need and the agencies that also help those in need. We attempt to offer supplemental assistance after all other venues have been exhausted.

*Galatians 6:2 "Bear one another's burdens and so fulfill the law of Christ.*

Applicant Name: \_\_\_\_\_ Spouse/Significant Other Name: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_  
\_\_\_\_\_

We want to help, if we can. There may be times and circumstances, however, which we will inform you about, that may require us to verify certain things or to consult with other agencies or people to get you the help you need. Thus, we ask you to allow us to talk to these sources about the information you provide us in this application. We need your permission to do so. We request that you read the below waiver of confidentiality and consent to our limited use in disclosing that information solely to determine whether we can assist you.

**Waiver of Confidentiality and Consent**

I (We) certify, under penalty of disqualification, that the information on this application and the statements made are true, correct and complete to the best of my (our) knowledge and ability. I (We) certify that all income, expenses and assets for this application have been reported on this application.

I (We) authorize **AGAPE: Love From Above to Our Community** to make any investigation and contacts concerning me (us), or other members of my household, which is deemed necessary to determine program eligibility for any assistance and/or benefits I (we) are requesting, have received or will receive under programs administered by **AGAPE: Love From Above to Our Community**.

I (We) authorize the release of information related to the assistance I (we) have requested by **AGAPE: Love From Above to Our Community** or its representatives. I (We) authorize **AGAPE: Love From Above to Our Community** to obtain and exchange information related to my (our) application in order to participate in their programs. The release of information shall be in effect while I am (we are) an applicant or recipient of assistance and/or benefits.

**I (We) understand that AGAPE provides financial and in-kind assistance only one time per calendar year. On a case by case basis, under special circumstances, additional assistance may be given.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Spouse/Significant Other Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature/Title of Person Completing Application (if different from Applicant)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**AGAPE: Love From Above to Our Community** Signature

\_\_\_\_\_  
Date Signed

We assist with a **hand-up** not a **hand-out**. There are no entitlements. We believe God expects each person to be self-sufficient, to work and support their family. God also expects His people to help one another in love, particularly during hard times or when unexpected circumstances occur. That loving support we want to give is to provide hope for our clients who want to be self-sufficient. God helps those who help themselves

**Personal/Family Information:**

Applicant Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_ Female: \_\_\_

Spouse/Significant Other Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_ Female: \_\_\_

*Jeremiah 1: 3 "Before I made you in your mother's womb, I chose you. Before you were born, I set you apart for a special work."*

Applicant Home Phone: \_\_\_\_\_ Applicant Cell Phone: \_\_\_\_\_

Members Living in Applicant's Household:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any pet(s)? (circle one) YES NO If yes, how many? \_\_\_\_\_

If yes, what kind(s) of pet(s): \_\_\_\_\_

Do you have any relatives living within: 10 Miles 25 Miles 50 Miles 100+ Miles

If yes, Name of Relative(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address of Relative(s): \_\_\_\_\_

\_\_\_\_\_

Telephone of Relative(s): \_\_\_\_\_

**Shelter Information:**

Do you RENT/OWN/Other? (Circle one) Length at current address: \_\_\_\_\_ MONTHS/YEARS (circle one)

House ( ) Apartment ( ) Mobile Home ( ) Rent to Buy ( ) HUD Housing ( )

Name of Applicant's Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Have copy of lease? \_\_\_ Yes \_\_\_ No

**Assistance Needed:**

I request assistance for (include reason assistance is required): \_\_\_\_\_

\_\_\_\_\_

Please list all agencies to which you have applied and result: \_\_\_\_\_

Were you referred to AGAPE? \_\_\_ Yes \_\_\_ No If yes, by whom? \_\_\_\_\_

**Applicant Monthly Income**

Employment: \$ \_\_\_\_\_  
Retirement: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
SSD/Disability: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Cash Assistance: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Alimony: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_  
Food Stamps: \$ \_\_\_\_\_  
WIC: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Spouse/ Significant Other Monthly Income**

Employment: \$ \_\_\_\_\_  
Retirement: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
SSD/Disability: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Cash Assistance: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Alimony: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_  
Food Stamps: \$ \_\_\_\_\_  
WIC: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**TOTAL COMBINED INCOME: \$ \_\_\_\_\_**

**Household Monthly Expenses**

Rent/Mortgage: \$ \_\_\_\_\_  
HUD Housing: \$ \_\_\_\_\_  
Electric: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_  
Cell Phone: \$ \_\_\_\_\_  
Heating Gas/Oil: \$ \_\_\_\_\_  
Water/Sewer: \$ \_\_\_\_\_  
Groceries: \$ \_\_\_\_\_  
Internet: \$ \_\_\_\_\_  
TV/Cable/Satellite: \$ \_\_\_\_\_  
Trash: \$ \_\_\_\_\_  
Credit Card(s): \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Alimony: \$ \_\_\_\_\_  
Auto Loan: \$ \_\_\_\_\_  
Auto Fuel: \$ \_\_\_\_\_  
Auto Insurance: \$ \_\_\_\_\_  
Other Loan: \$ \_\_\_\_\_  
Home Insurance: \$ \_\_\_\_\_  
Health Insurance: \$ \_\_\_\_\_  
Pet Expenses: \$ \_\_\_\_\_  
Medical Bills: \$ \_\_\_\_\_  
Fines: \$ \_\_\_\_\_  
Past Due Monthly Bills: \$ \_\_\_\_\_  
Clothing: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**TOTAL COMBINED EXPENSES: \$ \_\_\_\_\_**

**INCOME MINUS EXPENSES: \$ \_\_\_\_\_**

*Philippians 4: 11-13 "I'm not saying that because I need anything. I have learned to be content no matter what happens to me. I know what it's like not to have what I need. I also know what it's like to have more than I need. I have learned the secret of being content no matter what happens. I am content whether I am well-fed or hungry. I am content whether I have more than enough or not enough. I can do everything by the power of Christ. He gives me strength."*

AGAPE's financial support that is used to assist our clients to fulfill their needs is provided by God's blessings through individuals of our community, churches and organizations who follow His call to help those in need and as taught by Jesus in Matthew 25. We use no government funding. Our client's responsibility in return is to accept God's gift with thanks and to remember the caution the Lord's apostle Paul gave to us: "We worked, even though we have the right to receive help from you. We did it in order to be a model for you to follow. Even when we were with you, we gave you a rule. We said, "Anyone who will not work will not eat." We hear that some people among you don't want to work. They aren't really busy. Instead, they are bothering others. We belong to the Lord Jesus Christ. So we strongly command people like that to settle down. They have to earn the food they eat." 2 Thessalonians 3: 9ff (NirV).

**Employment Information:**

**Applicant/Significant Other Combined Asset Inventory**

Do you own a vehicle, boat, motorcycle, ATV, etc.? (circle one) YES NO How many? \_\_\_\_\_

Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Do you have any retirement funds/savings? (circle one) YES NO How much? \_\_\_\_\_

Do you have other assets valued at \$1,000 or more? (circle one) YES NO How much? \_\_\_\_\_

**Applicant Employment History**

Employer 1 (current or most recent): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer 2 (before current or most recent): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

When was the last time you applied for a job? \_\_\_\_\_ Where? \_\_\_\_\_

**Spouse/Significant Other Employment History**

Employer 1 (current or most recent): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer 2 (before current or most recent): \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

When was the last time you applied for a job? \_\_\_\_\_ Where? \_\_\_\_\_

**EMPLOYMENT STATUS**

(Please check all that apply)

- Full-time Employed
- Part-time Employed
  - One part-time job
  - Two or more part-time jobs
- Part-time employed and disabled
- Unemployed
  - Disabled
  - Retired
  - Stay at home parent
  - Can't find job
  - Stopped looking for job

If unemployed (please check):

- Receiving unemployment benefits
- Unemployment benefits expired:
  - 0 to 3 months ago
  - 3 to 6 months ago
  - 6 to 12 months ago
  - Over 12 months ago
  - Was ineligible to receive unemployment benefits

**Other Concerns:**

Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No

Are you a cancer survivor? \_\_\_\_ Yes \_\_\_\_ No

Are you a victim of domestic violence? \_\_\_\_ Yes \_\_\_\_ No

Are you a subject of foreclosure? \_\_\_\_ Yes \_\_\_\_ No Are you a subject of eviction? \_\_\_\_ Yes \_\_\_\_ No

Are you a single parent? \_\_\_\_ Yes \_\_\_\_ No Grandparent raising Grandchildren? \_\_\_\_ Yes \_\_\_\_ No

The primary applicant should also indicate if they are:

Ethnicity: (select only one) \_\_\_\_\_ Hispanic \_\_\_\_\_ Not Hispanic or Latino

Race: (select one or more) \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Have difficulty with (please check all that apply):

- Transportation to and from work
- Transportation to and from social services
- Transportation to and from shopping / obtaining essential living items.
- Transportation in an emergency situation (i.e. – Hospital, etc.)
- Would you be will to use public transportation, if available?

Applicant’s Signature	Date	AGAPE Front Desk Volunteer	Date
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*Matthew 6: 31-34: “So don’t worry. Don’t say, ‘What will we eat? Or, ‘What will we drink?’ Or, ‘What will we wear?’ People who are ungodly run after all of those things. Your Father who is in heaven knows that you need them. “But put God’s kingdom first. Do what He wants you to do. Then all of those things will also be given to you. So don’t worry about tomorrow. Tomorrow will worry about itself. Each day has enough trouble of its own.”*

**OPTIONAL**

THE NEXT QUESTIONS ARE FOR AGAPE’S INTERNAL USE ONLY

**FAITH CONCERNS**

Do you have a Bible? \_\_\_\_\_ Yes \_\_\_\_\_ No                      If “No” would you like one? \_\_\_\_\_ Yes \_\_\_\_\_ No

What language do you prefer? \_\_\_\_\_

Do you have a church? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Are you looking for a church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to talk to someone about your faith? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to find out what the Bible says about your current problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can we pray for you, your family, your problems or situation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

Do you have any other spiritual questions, issues we can help you with?

*Proverbs 3: 5-6 “Trust in the Lord with all your heart. Do not depend on your own understanding. In all your ways remember Him. Then he will make your paths smooth and straight.”*

