



## Compassion Ministry: Benevolent Application Form

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### To the Applicant:

The Rockyview Alliance Benevolent Fund is managed by the Pastors and Elders on behalf of Rockyview Alliance Church. It is funded with donations received from our church attendees.

We know a change in circumstances can often cause financial strain. We hope to work with you during these difficult times to develop an action plan that will bring hope and stability. In our work together, community resources become an important part of our conversations. Prior to any financial assistance being approved, it is important that all available community resources be considered first.

There are times when we will need to contact other organizations to verify information or complete a referral. Please note that Rockyview Alliance Church considers all personal information as confidential and will not release it to outside parties without written consent. All personal information gathered through this application will be maintained in an electronic database that has restricted access to the Pastoral Staff Team alone. The information will be used solely for the purpose of evaluating support from Rockyview Alliance Church or facilitating appropriate community referrals.

Thank you for taking the time to fill out this application. We look forward to meeting with you and better understanding your situation.

Warmly,

A handwritten signature in black ink that reads "Scott Wiesner". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

**Rev. Scott Wiesner**

Lead Pastor

403.280.2239

[www.rockyviewalliance.com](http://www.rockyviewalliance.com)

6927 Rundlehorn Drive NE

Calgary, AB T1Y 3V4

# RAC Compassion Ministry: Benevolent Application Form

## PERSONAL INFORMATION:

Name(s) of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Birthdate (yy/mm/dd): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long have you resided at the above address? \_\_\_\_\_

## NAMES & AGES OF DEPENDENTS:

Name	Relationship	Birthdate (yy/mm/dd)	Gender

Please describe your situation that has brought you here today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us what you feel you need financial help with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What resources/places have you already tried? What assistance have you received from other organizations, charities, friends or family members?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as a solution to your current situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:**

<b>INCOME SOURCE</b>	<b>Amount (per month)</b>	<b>Additional Information</b>
Employment Income	\$	
AISH / Income Support	\$	Social Worker:
Child Tax Credit	\$	
Child Support/Alimony	\$	
Employment Insurance	\$	
Pension	\$	
Other	\$	Details:
<b>TOTAL INCOME:</b>	\$	

<b>EXPENSES</b>	<b>Monthly Cost/Payment</b>	<b>Amount Owing</b>
Rent / Mortgage (circle which one)	\$	\$
Home/Tenant Insurance	\$	\$
Food	\$	\$
Utilities (Water, gas, electricity)	\$	\$
Cable / Phone / Internet	\$	\$
Cell Phone	\$	\$
Car Payment	\$	\$
Car Insurance	\$	\$
Bus Pass	\$	\$
Medical / Blue Cross / Health Care	\$	\$
Prescriptions	\$	\$
Loans	\$	\$
Other	\$	\$
<b>TOTAL EXPENSES:</b>	\$	\$

**CHURCH INVOLVEMENT:**

Do you attend Rockyview Alliance Church?  Yes  No

- If Yes, for how long? \_\_\_\_\_
- If No, do you attend another church/religious institution (please specify)? \_\_\_\_\_
- If No, how did you hear about our church? \_\_\_\_\_

Do you serve in a ministry at Rockyview Alliance Church?  Yes  No

- If Yes, please specify: \_\_\_\_\_

Are you involved in a Small Group at Rockyview Alliance Church?  Yes  No

- If Yes, please fill out the following:
  - Small Group Leaders' Name: \_\_\_\_\_
  - Is your Small Group aware of your situation?  Yes  No
  - Have you received assistance from your Small Group?  Yes  No

Do you have a close relationship with anyone else at Rockyview (e.g: friend, family, neighbor, ministry leader)?  Yes  No

- If Yes, please specify: \_\_\_\_\_

Have you received financial support from Rockyview Alliance Church previously?  Yes  No

- If Yes, how much: \_\_\_\_\_

If you were to receive assistance from Rockyview Alliance Church, would you be willing to help others and/or help around the church in return?  Yes  No

**I, the undersigned, agree that the above information is true and verifiable by Rockyview Alliance Church. I understand that any false or misleading information knowingly given may result in my application being denied. In addition, I agree to keep the details of any assistance given towards me and my family CONFIDENTIAL. Any disclosure on my part would mean denial of further assistance.**

Name: \_\_\_\_\_  
*(please print)*

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