



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

Camarillo Community Church

## Benevolent Fund Request

Please email this completed form to [michelle@camcc.net](mailto:michelle@camcc.net) or mail it to 1322 Las Posas Rd, Camarillo, CA 93010). This process takes about two weeks. Thank you for your patience.

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of children living at home: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What is the nature of your request?

What is the total amount of your request? \_\_\_\_\_

To whom will the check(s) be made if approved? \_\_\_\_\_

Do you attend Camarillo Community Church?

If yes, how long? \_\_\_\_\_

If not, do you attend another church in our area? Name: \_\_\_\_\_

Have you made other requests to the Camarillo Community Church Benevolent Fund? If yes, please explain:

**Explain your situation, giving as much detail as possible:**

**What other sources of assistance have you pursued so far?**

**Office use only (How CamCC assisted)**

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# Budget

## Income

Employment 1	\$
Employment 2	\$
AFCD/Cal Works	\$
Disability/SDI	\$
Food Stamps	\$
General Relief	\$
SSI	\$
Social Security	\$
Unemployment	\$
Child Support	\$
Other	\$
Other	\$
<b>TOTAL</b>	\$

## General Expenses

Mortgage/Rent	\$
Food/Hygiene	\$
Clothing	\$
Entertainment	\$
Charitable Giving	\$
Child Care	\$
Child Support	\$
Savings	\$
Medical	\$

## Utilities

Electric	\$
Gas	\$
Water/Sewer	\$
Trash	\$
Home Phone	\$
Cell Phone	\$
Cable/Satellite	\$

## Transportation

Car Payment	\$
Gasoline	\$
Insurance	\$

## Debts/Misc

Credit Cards	\$
Loans	\$
Cleaning/Laundry	\$
Other	\$
Other	\$

<b>Expenses Total</b>	\$
<b>Income Less Expenses</b>	\$

# Declaration and Release of Information

You have now completed the Benevolent Fund Request information with Camarillo Community Church. Your signature below indicates that you have read and fully understand the following:

- a) I declare that all the information given with this request is true and complete to the best of my knowledge. I understand that false, misleading, or missing information may cause rejection of assistance and/or services.
- b) Released and Waiver: I authorize Camarillo Community Church of Camarillo, California to release any and all information presented with this request or gathered during the interview process that has been added to the overall request being made by me to any workers, or any other agency, organization, or individual that might be required/necessary to provide the services/assistance requested.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_