Due to the required processing time,
We are unable to consider applications
requesting assistance with
UTILITY or **RENT / MORTGAGE**
that have a scheduled cutoff or eviction
within the next **7 DAYS**
PLEASE REFER TO THE **"What Can I Do?"**
page of this packet for a checklist of things that
may help if you are in this time frame.

To All Benevolence Applicants,

EVERY ATTACHED FORM & ALL INFORMATION MUST BE COMPLETED in order for the benevolence team to fully consider & make a timely determination on benevolence assistance. **All information is confidential.**

Omission of ANY information will always delay the team's ability to finalize the decision process.

Our Benevolence Ministry is for **those who attend Blue Ridge Community Church**. If you **DO NOT ATTEND BRCC,** you **MUST** have a sponsor who does attend and is willing to walk with you in this journey. You **MUST** have that person fill out the sponsorship form and turn it in with this application before it will be considered.

The Benevolence Team meets every Wednesday afternoon, as applications require. Every effort is made to consider applications received through Tuesday of the current week. No guarantees can be made concerning applications received in the same week, as many variances impact the ability to prepare & review an application for that week's meeting.

Please understand that simply filling out these forms and returning them does **NOT** guarantee any financial commitment on the part of Blue Ridge Community Church.

A digital scan or photo of each completed page should
be emailed to: **benevolence@blueridge.org**

IF YOU HAVE ANY QUESTIONS CONCERNING COMPLETION OF THIS APPLICATION, please contact us at 434-525-7481 ext 100

We appreciate your patience & understanding of this process.

Benevolence Support Team

BENEVOLENCE APPLICATION

(This is a confidential application for review by the Benevolence Team ONLY)

Our Benevolence Application is designed to help our church family. In order to be considered, this APPLICATION MUST BE FILLED OUT COMPLETELY.

PLEASE PRINT

NAME: _____

Today's Date: ___/____/____ **Date of Birth:** ____/____/____

Marital Status: ☐ Married ☐ Separated (# mos.____) ☐ Divorced (# yrs: ____) ☐ Single ☐ Widowed

Spouse's Name: _____ Spouse's Date of Birth: _____/_____/_____

Phone Numbers: Daytime: _____ Evening:_____ Cell_____

Email Address: Self:_____ Spouse:_____

Home Address: _____ City, State: _____ Zip_____

How long have you lived at this address?: Years _____ Mos_____ **Do You?** ☐ OWN ☐ RENT

Names & Ages of Children Living with You:

1) _____ Age ____

2) _____ Age ____

3) _____ Age ____

4) _____ Age____

Vehicle Information:

Make: _____ Model:_____ Yr:____

Make: _____ Model:_____ Yr:____

Do you: ☐ Lease ☐ Own

Do you have an active Auto Insurance Policy on these vehicles? ☐ Yes ☐ NO

How Long Have You Been Attending Blue Ridge Community Church? _____

I am a: ☐ Member ☐ I attend (on average) how many Sundays per month? _____

I participate(d) in: ☐ Start Here ☐ Encounter ☐ LifeGroup

☐ Celebrate Recovery ☐ Senior Life ☐ Mens/Womens/Parents/Married Groups

☐ DivorceCare ☐ GriefShare ☐ Other: _____

I volunteer to serve in: _____

My leaders/friends @ Blue Ridge are: _____

Where does your nearest relative live? _____ **Are they aware of your need?** ☐ **YES** ☐ **NO**

Have you ever filed Bankruptcy? ☐ **NO** ☐ **YES** → **If Yes, Year Filed:** _____ **Type Filed:** ____

Have you received ANY Financial Counseling in the PAST? ☐ **NO** ☐ **YES** → **If Yes, where?** _____

Is your spouse (if married) aware that you are applying for assistance? ☐ **YES** ☐ **NO**

Have you applied for assistance from Blue Ridge Community Church in the past? ☐ **YES** ☐ **NO**

Month & Yr Requested: _____ **Amount Requested: $**_____ **Amount Rec'd: $**_____

If we offer assistance, you may be required to participate in a financial program @ Blue Ridge Community Church. Are you willing to make that commitment? ☐ **YES** ☐ **NO**

Are you receiving ASSISTANCE currently from any other source? ☐ YES ☐ NO

If YES, indicate the amount rec'd monthly from each source for your household:

Medicaid: $_____ Food Stamps: $_____ TANIFF: $_____ Medicare: $ _____ SSI: _____

Unemployment: $_____ How Long? _____ Child Support: _____ Churches: $_____

Other: _____

List any <u>PREVIOUS ASSISTANCE</u> that you have rec'd, from any source, in the past 5 years:

_____

_____

_____

_____

<u>EMPLOYMENT INFORMATION</u>:

Current Employer's Name: _____ **Address:**_____

Monthly Salary: $_____ **Job Title:** _____**How Long Employed At This Job?:**_____

If Unemployed, Last Employment Information: Company Name: _____

Date Hired: ____/____/____ **Date of Termination:** ____/____/___ **Reason:** _____

_____

If Married, Spouse's Employer's Name: _____ **Address:** _____

Monthly Salary: $_____ **Job Title:** _____ **How Long Employed At this Job?** _____

If Spouse Unemployed, Last Employment Information: Company Name: _____

Date Hired: ___/____/____ **Date of Termination:** ____/____/____ **Reason:** _____

What Events Have Occurred That Have Prompted Your NEED For Assistance?

_____

_____

_____

_____

_____

LIST ALL MONTHLY BILLS BELOW:

Due to the processing time of 7 to 10 days DO NOT submit for CUTOFF Or EVICTION within the next 7 DAYS

Type of Bill:	Payable To:	Amount:
Mortgage/RENT:		
Electrical:		
Water:		
Cell Phone /House Phone:		
Television/Cable/Satellite:		
Internet:		
Automobile/Transportation:		
Insurance (health,auto,home):		
Credit Card(s):		
Other:		
Other:		

Please provide a SUMMARY of your current NEEDS:

TOTAL AMOUNT OF ASSISTANCE THAT YOU ARE REQUESTING: $_____

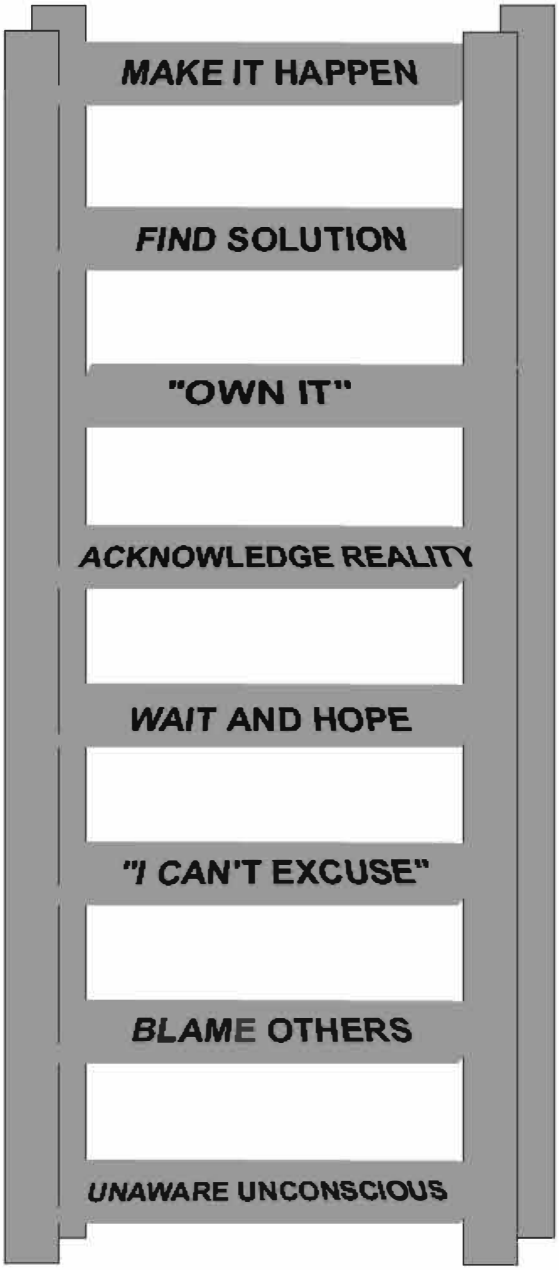
If Benevolence Assistance is given, WHAT CHANGES DO YOU PLAN TO MAKE to prevent needing additional assistance the next month & the following months?

_____

_____

_____

The Ladder of Self Responsibility and Accountability



Evaluate where you are on the ladder and write your thoughts below.

07/27/2026

WHAT CAN YOU DO?

Given the time requirements for the benevolence application process, we **regret that we are unable to finalize the application process for** payments that are needed for:

UTILITY or **RENT/MORTGAGE**

that have a scheduled **cutoff or eviction** within the **next 7 days**.

If you are in this situation, we offer the following checklist of suggestions to HELP you.

- **Call and try to set up payment arrangements with the utility company, your landlord or the mortgage company. Often times if you explain to them your situation, they will work with you to attempt some type of alternate payment arrangement.**

- **Contact the local agencies/ organizations listed below who are available to offer assistance with utilities and housing.**

Interfaith Outreach

www.interfaithoutreach.org
701 Clay St., Lynchburg, VA 24504
434.846.6098.

Lyn – CAG

www.lyncag.org
926 Commerce St., Lynchburg, VA 24504
434.846.2778

Salvation Army

2301 Park Ave, Lynchburg, VA 24501
434.846.3525

211 Virginia

Dial 211 or www.211virginia.org

FUND GUIDELINES AND AGREEMENT

PLEASE READ AND SIGN BEFORE SUBMITTING APPLICATION

Initial Each Section

1. _____ We are able to offer various forms of benevolence assistance, which in addition to financial assistance, may also include requirements for different forms of support groups, financial-coaching and mentoring. Consideration for financial assistance requires that you be an attendee or you have an active BRCC attendee acting on your behalf as your sponsor. Non-attendees, without a BRCC sponsor are welcome to move forward with this process, knowing that financial assistance is not available, but that our benevolence team will embrace your situation and the opportunity to prayerfully move towards other forms of assistance, such as that outline above.

2. _____ A Regular Attendee of BRCC is defined as someone having attended BRCC for at least 2 months, consistently. An active sponsor is someone attending BRCC for at least 6 months and is subject to the approval of the Benevolence Committee.

3. _____ We at BRCC believe that financial instability is only one aspect of the whole person. All forms of assistance are considered a process of helping the individual acquire the biblical disciplines and skills necessary, not only to manage their own financial affairs, but also grow to a point where they become a potential resource of wisdom and knowledge to minister to others. We will not participate in supporting a lifestyle or decision process that is not biblical. Potential recipients of any type of assistance must agree to participate in financial counseling and mentoring as requested by the Benevolence Committee.

4. _____ If you have received financial assistance from the BRCC Benevolence Fund in the past, you MUST follow through with ALL previous recommendations BEFORE any additional assistance can be considered. If you have not fulfilled a previous benevolence requirement, we would encourage you to contact us so that we can assist you with fulfilling those previous requirements.

5. _____ The Benevolence Committee reserves the right to refuse assistance to anyone.

__

Agreement Acknowledgement:
I have read and understand each of the above items. I agree that in making application for assistance, I am willing to allow Blue Ridge Community Church to come alongside to assist me in not only short-term assistance, but I also agree to follow through with long-term guidance to resolve my present situation. I further agree to continue my personal growth by attending support groups, counseling or mentoring that may be recommended by the Benevolence Committee.

Signature:_____ Date:_____/_____/_____