



**OPEN BIBLE
CHURCH** OF RAPID
CITY
LOVING GOD • INVESTING IN PEOPLE

Dear **OBC Family Member**:

Please read this letter carefully and fill out the attached forms completely.

It is Open Bible's desire to assist our church family and meet their needs in whatever way possible, and we consider it our privilege to help during times of crisis. We regret that you are in difficult circumstances and will take this opportunity to pray and seek God for a solution to this complicated season you are facing.

We take seriously our responsibilities as your home church to counsel, encourage and help where needed. We also feel a strong desire to please God in the way we use the resources He has entrusted to us. For these reasons, we try to fully investigate why the money is needed, what resources are available, and the manner in which the money will be used if assistance is rendered.

Following are the basic guidelines that are required to receive benevolence assistance from Open Bible Church:

- **The person or family in need must attend and support Open Bible Church on a regular basis. Three month lookback minimum.**
- For those who do not attend, we support many of the para-church ministries and allow them to evaluate and disburse funds as they see fit. A list will be provided. In some cases we may help with transient needs in emergency situations.
- The need must be a temporary emergency, due to circumstances beyond your control.
- We require written documentation of need and/or copies of notices/bills in support of any financial requests.
- Ongoing need and assistance may require financial counseling, which can be arranged through my office.

Please initial that you have read this letter _____.

In Christ's Love,

Brian McDaniel
Executive Pastor
(605) 342-4496

BENEVOLENCE REQUEST FORM
Open Bible Church of Rapid City

Full Legal Name: _____

Current Address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone _____

Other Names Used: _____

How long at your current address? _____

List any family members living with you (names & ages):

Living Arrangement:

- Rent Own Home Living with someone Homeless

Productivity:

Do you have a job: Yes No If yes, where are you working?

Is your spouse working? Yes No If yes, where?

Are you looking for a job? Yes No If yes, where did you last apply for a job?

When did you apply last? _____ Who did you speak to? _____

If no, what reason are you not looking for work? _____

Income:

If you have a job, what is your take home pay? \$ _____ per month

Do you receive government assistance? If yes, please list:
_____ \$ _____ per month

_____ \$ _____ per month

_____ \$ _____ per month

Do you have any other sources of income? If yes, please list:

_____ \$ _____ per month

Do you have prospects of future income? If yes, please list:

_____ \$ _____ per month

Church Family:

Do you attend church at Open Bible Church? Yes No

Do you attend church anywhere other than OBC? Yes No

If yes, where? _____

How often do you attend church? Every week Every Holiday As needed

Do you give financially regularly? Yes, I tithe 10% I give some regularly I give when I can

Request for Help:

Briefly describe what you need and the situation causing the immediate need

Have you been to Church Response (required)? Yes No If yes, when did you speak to them?

_____, who did you speak to? _____ and what was their answer? _____

Have you been to other places for help? Yes No If yes, please list:

History of Need:

Have you applied for help from Open Bible in the past? Yes No If yes, when? _____

Are you willing to attend financial counseling if required? Yes No If no, please explain

Rev 12/19

Intended for Office Use only:

Date Contact made _____

Notes:

Action/Help provided:

Stipulations Communicated:

Reviewed by: _____

The above information is true and exact

Signature _____ Date _____

Monthly Family Budget

Name: _____

Date: _____

BUDGET ITEM		NOTES
INCOME		
<i>Income #1</i> _____	_____	Net monthly Income
<i>Income #2</i> _____	_____	Net monthly Income
<i>Income #3</i> _____	_____	Net monthly Income
<i>Income #4</i> _____	_____	Net monthly Income
TOTAL INCOME		Net Income
EXPENSES		
	subtotals	Category totals
Housing Expenses		
Housing - Rent/Mortgage	_____	_____
Housing - Electric	_____	
Housing - Cable/Int/Ph	_____	
Housing other	_____	
Housing other	_____	
Food & Supplies		
Automobile Expenses		
Auto - Payment	_____	
Auto - Fuel	_____	
Auto - Service	_____	
Auto - Insurance	_____	
Medical Expenses		
Medical - Insurance	_____	
Medical - Copays	_____	
Medical - Pharmacy	_____	
Medical Debt Payments	_____	
Medical - Other	_____	
Consumer Debt - Monthly		
Debt _____	_____	
Debt _____	_____	
Charitable Giving		
Charity - Church Tithe	_____	
Charity - Other	_____	
Clothing		
Entertainment & Rec		
Ent - Dining Out	_____	
Ent - Other	_____	
Life Insurance		
School/Childcare		
Miscellaneous Expenses		
Cell Phone	_____	
Personal items	_____	
Other incidentals	_____	
TOTAL EXPENSES		
NET MONTHLY INCOME (LOSS)		