



## **Berean Compassion Fund**

*Financial help for those in need*

### **The Compassion Ministry Guidelines**

1. The Compassion Fund provides financial assistance for Berean Church attendees and for individuals in the local campus areas.
2. No third-party requests for compassion fund assistance will be accepted. A fund request form is to be completed by the individual(s) seeking assistance.
3. The Compassion Team shall verify to the best of their ability the need is legitimate and then determine the amount of financial assistance to be distributed. Applicants will also have a personal interview by the campus leader located at your closest campus as well as an interview with a Compassion Team Representative. The Compassion Team also may point people to other agencies in the area that offer assistance. The Compassion team must support the final course of action.
4. An individual/household may be financially assisted one time during a twelve-month period. Whenever possible, the issued check will be made payable to the payee as identified on the request form. The issue of a check requires two authorized signatures from those who comprise the Compassion Team.
5. With the permission of the individual(s) affected, the Compassion Team may make special needs known to the congregation at large. Individuals in need of financial counseling may be provided with educational material or access to financial classes.

**Berean Bible Church**  
*Compassion Fund Request Form*

**Application Information:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Request Purpose:**

Mortgage Rent: \_\_\_\_\_ Utilities \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Other: \_\_\_\_\_  
If Other, Please Explain: \_\_\_\_\_

**Payee Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Amount Due: \_\_\_\_\_ Date Due: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**General Information:**

Are you or others in the household currently employed? \_\_\_\_\_  
If yes, where are you employed? \_\_\_\_\_  
How many hours per week do you work? \_\_\_\_\_  
If you are not working please state the reason for not working? \_\_\_\_\_  
Number in Household: \_\_\_\_\_

Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
Others: \_\_\_\_\_

**Total Monthly Household Income:**

List All Sources of Income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ (Weekly)

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ (Weekly)

Total Monthly Household Expenses (Please fill out budget page): \$ \_\_\_\_\_

Do you Attend or a member of a church: \_\_\_\_\_

If yes, Church Name: \_\_\_\_\_

Have you contacted other churches for assistance? \_\_\_\_\_

If yes, what Church? \_\_\_\_\_

Who referred you to seek assistance from Berean: \_\_\_\_\_

**What Agencies have you contacted to obtain assistance?**

Opportunities for Chenango: \_\_\_\_\_

HUD: \_\_\_\_\_

Social Services: \_\_\_\_\_

List other sources: \_\_\_\_\_

What were the agencies responses: \_\_\_\_\_

*\*We may require written proof of your contact with these agencies*

**Recipient's Signature:**

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

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

## Basic Budgeting Worksheet

**Total Monthly Income:**

\$

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### Housing Expenses

### Monthly Payment

Rent/Mortgage:

\$

---

Utilities

*Water:*

\$

---

*Heat:*

\$

---

*Internet:*

\$

---

*Electric:*

\$

---

Insurance

*Fire:*

\$

---

*Health:*

\$

---

*Life:*

\$

---

Repairs:

\$

---

Taxes

*Property:*

\$

---

*School:*

\$

---

Groceries:

\$

---

Total: \$

---

### Car Expenses

Loan Payment

\$

---

Gas

\$

---

Insurance:

\$

---

Maintenance & Repairs:

\$

---

Total:

\$

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**Debts**

Creditor:	Balance: \$	\$
Creditor:	Balance: \$	\$
Creditor:	Balance: \$	\$
Creditor:	Balance: \$	\$
		Total: \$

**Miscellaneous**

Church/Charitable Contributions:	\$	
Meals out:	\$	
Childcare:	\$	
School Tuition/Supplies:	\$	
Medical Bills/CoPays:	\$	
Prescription Medications:	\$	
Pet Supplies & Vet Exams:	\$	
Cable/Streaming:	\$	
Clothing:	\$	
Haircuts:	\$	
Gifts:	\$	
Other:	\$	
		Total: \$

<b>Monthly Expense Totals:</b>	\$
<b>Total Expenses:</b>	\$
<b>Monthly Surplus or Shortage:</b>	\$