<p style="text-align:center; color:red;">***Attention:***
Read this entire page before filling out the application.
If you do not provide what is needed,
we cannot help you.</p>

☐ SCUMC CANNOT GIVE ANY IMMEDIATE HELP.
    Allow up to 1-2 weeks for processing and please understand that we cannot guarantee anything.

☐ WE CANNOT ACCEPT ORIGINAL BILLS
    YOU must provide copies.

☐ ***WE WILL NOT PROCESS AN INCOMPLETE APPLICATION.***
    Please check to be sure you have completed every page.

It is your responsibility to provide proper documentation. We will not consider anything that is not listed on Page 4 as a "Need." The amount listed must match exactly the amount on the bill. Do not estimate or round off the amount.

ATTACH CURRENT STATEMENTS AND BILLS

ATTACH COPIES OF REFERRAL LETTERS

PROVIDE THE *EXACT AMOUNT DUE* and the N*AME AND ADDRESS OF THE PAYEE for every item listed as a need*.

Be sure that any ONLINE ACCOUNT PRINTOUTS also have the *amount due* and the *name and address of the payee* clearly printed on them. Otherwise, we will not consider them.

Return this application in person to:
103 North Church Street, Sudlersville Maryland
Between 9am and 1pm Monday – Thursday.

You will be notified of the next step if your application is complete.

5/25/2016

Required Items for Processing

Note: Every item listed on this checklist is required to complete a Benevolence Application. Since we cannot accept or process incomplete applications, please take the time and go step by step through this checklist to insure your application is complete. If any item is omitted or is not completed, the application will be considered void, and no assistance will be given.

When completing the Benevolence Application form, make sure that you have provided the following: *(Check off each item as you complete it.)*

Page 2:

☐ *Provide your current address, including the **county** in which you are living.*

☐ *Provide a **current** e-mail address (our primary means of communication). If you have no e-mail, provide a phone number. We will only call one number, so only provide or highlight a number **where you can always be reached.***

☐ *Include the names of all the adults (those 18 years old or older) living at your address, how they are related to you, and answer "yes" or "no" to indicate whether you have attached a **Release Authorization** for each one.*

☐ *Acknowledge any applications made or assistance received from SCUMC in the past. Our records go back to 1999, and we do check.*

☐ *Indicate your church affiliation. We verify membership and regular attendance in the SCUMC membership database. Complete the section on page 3 (**SCUMC Members/Attendees** or **Attend other church**) that applies to your church attendance or membership.*

☐ *As a matter of biblical protocol, we must have a point of contact at your church to coordinate assistance with them. This is the first section block on Page 3.*

Page 3:

☐ *Block 2: List the names of all minors (under 18 years of age) living at the address. If there are none, write "None" in the first row.*

☐ *Block 3: Do not leave this section completely blank. If the answer is "no" or "none," then so state.*

☐ *List your and your spouse's **current and previous** employment. Each space must be filled. If the item does not apply (for example, you haven't left your current job), then enter NA (not applicable).*

☐ *List the current employment for every adult living at the address. If the person is not working, all information should be about the last job they held. If the only adults living at your address are you and your spouse, enter NA on the first line of the block.*

Page 4:

☐ *Block 1: Specifically state your need. If a need is stated in column A, then columns B and C must be filled also. We can only assist with need that is requested, current, and documented (bills, invoices, etc.). **You must provide copies (no originals!) of the bills you need help with, and attach them to the application**. By signing the statement, you acknowledge your understanding that we will not pay late fees.*

☐ *Blocks 2-4: Answer all questions in these blocks. We will not accept applications where any of these questions are not answered.*

Page 5:

☐ *Provide a current and documented record of all the household income from all sources. Indicate whether you have documentation with a "yes" or "no" in the Documentation column.*

Page 6:

☐ *The "Current Amount Due" must be documented with the current bill.*

☐ *The highlighted columns are required. "Percent of income" is provided to assist you in budgeting.*

Page 7:

☐ *Provide the name and phone number of persons contacted at other churches/charities.*

☐ *Read and agree to the release of information; sign and date the application form.*

☐ ***Return your completed application in person to the church office. Before you do, make sure you have attached the following documents to the application in this order:***

☐ *Color photocopy of the driver's license or other government issued photo ID for every adult living at your address. SCUMC staff will make color photocopies of the IDs for you.*

☐ ***Completed and signed Release Authorization for every adult living at your address.***

☐ *Photocopies of current (less than 30 days old) bank statements, unemployment or Social Security statements, or pay stubs to verify income for every adult living at your address.*

☐ *Photocopies of current (less than 15 days old) bills that you want considered.*

☐ *If you are requesting rent assistance: a photocopy of your lease agreement (first and last pages). We will only pay rent, you are responsible to pay any late fees.*

5/25/2016