



Benevolence Request Application

General Guidelines

The Benevolence Fund is intended to be a temporary help during a time of hardship. Assistance from the Fund is intended to be a one-time gift. In unusual circumstances, the Benevolence Fund Committee may decide to help more than one time.

Disbursements from the Fund are not loans. No gift may be repaid, either in part or in full, in money or labor.

While not a requirement for every situation, a member requesting assistance may be asked to receive financial counseling. If this request is made, the Benevolence Fund Committee may provide financial resources to help pay for such services.

Those requesting help must be willing to give the Committee permission to follow up on any of the information provided to the Committee. The Committee will hold all matters in confidence.

The Benevolence Fund Committee consists of the following: The Senior Minister; the Bookkeeper (or corresponding position); one member from the Board of Trustees appointed by the Board; at least one member of the Unity of Fairfax congregation.

Recipients of Assistance

Recipients of assistance from the Benevolence Funds shall be:

1. Congregants (members and regular attendees) of Unity of Fairfax.
2. Employees of the church. The Fund will occasionally assist staff members in need, however, these gifts must be taxed as income according to IRS guidelines in Publication 526.

IRS guidelines exempt Board members and their families from receiving benevolence from Unity of Fairfax due to their position of substantial influence on the tax-exempt organization.

Current IRS guidelines should be consulted, but at the time the guidelines were written, disbursements from a church benevolence fund were not considered taxable to the recipient unless the recipient is an employee of the church.

Criteria

The stated purpose of the Benevolence Fund is to meet people's basic needs during a time of crisis or hardship. Normally, these needs are defined as, but are not limited to:

1. Primary lodging (mortgage or rent)
2. Utilities (electric, natural gas, water, sewer, trash)
3. Medical services
4. Transportation to or from a place of employment
5. Funeral expenses

6. Initial evaluation and professional counseling
7. Vehicle repair of primary vehicle
8. Groceries
9. Basic clothing

Application and Approval Process

Individuals or families seeking assistance from the Benevolence Fund shall complete the following steps:

1. Obtain a "Benevolence Request Application" from the church office or from the Unity of Fairfax website (<https://www.unityoffairfax.org/benevolence-fund>). The application must be completed fully, with all supporting documentation attached. To maintain confidentiality, applications should be submitted directly to the Senior Minister or the Bookkeeper, who are members of the Committee.
2. The application will be reviewed by members of the Benevolence Fund Committee. The Committee may contact the applicant for additional information or to schedule a meeting. The Committee may also contact vendors, etc. to verify need.
3. Review and approval of the Application, as well as written communication of the amount and form of assistance, shall be done by the Benevolence Fund Committee at the earliest practicable date, but generally within a maximum period of two weeks or ten business days.
4. The Committee will contact the applicant with the decision and any necessary explanation. If the Committee determines that the applicant is eligible for assistance, it will make the applicant aware of the amount and how the funds will be disbursed.

No disbursements will be made directly to the applicant. Disbursements will be made directly to third party service providers as determined by the committee. In all cases, the Benevolence Fund Committee reserves the right to award an amount less than the amount requested.

Unity of Fairfax Benevolence Request Application

Application Number (to be completed by the Committee) _____

Date of application: _____ Date funds needed: _____

Name of Person(s) Requesting: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Are you a member or regular attendee of Unity of Fairfax? ____Yes ____No

Preferred pronouns: _____

Age: _____ Marital Status: _____

Total amount of request: _____

Briefly explain your needs and what led you to request assistance (attach additional pages if necessary):

To whom should payments be made? I give permission for Unity of Fairfax to contact the following vendors or organizations to which payments are requested:

Have you received assistance from Unity of Fairfax in the past? When, and what was the assistance for?

Are you willing to receive financial counseling? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No ____ full-time ____ part-time

Name of employer: _____

Total number of people in household: _____

Total monthly income: _____

Total monthly household debts: _____

What actions have you taken to obtain financial assistance from non-Unity sources?

How will you meet these financial obligations going forward?

Is there anything else you think we need to know about your request?

** My signature below guarantees the information provided above is accurate and true. I also understand that benevolence from Unity of Fairfax is a one-time gift and cannot re-apply for another request for a period of 12 months.

** My signature below also acknowledges my agreement to allow the Benevolence Fund Committee permission to follow up on any of the information provided in this application, including contacting the

vendor/business/service requiring payment. At the discretion of the Benevolence Fund Committee, documentation regarding income and expenses may be requested.

** _____

Signature of Person/Persons Requesting Assistance

Date

All applicants for funding must also sign this Confidentiality Agreement:

CONFIDENTIALITY AGREEMENT I, _____,
agree that I will not discuss my application, including the amount received, with other congregants
(Voting Members and regular attendees) of the Unity of Fairfax community, with the exception of
members of the Benevolence Fund Committee.

Signature: _____

Date: _____

Committee Use Only

_____ Approved (Amount: _____) _____ Denied

_____ Need more information: _____

Reasons for decision:

Committee members making the decision:

Committee Member responsible for communicating decision to applicant: _____

Date of Decision: _____