

# HILL COUNTRY

## BIBLE CHURCH

### Benevolence Ministry Assistance Request

If you are not a member or regular attender of HCBC, we are unable to process your application if you live outside the following zip codes: 78613, 78630, 78641, 78645, 78717, 78726, 78729, 78730, 78750.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ E-mail: \_\_\_\_\_

How were you referred to Hill Country Bible Church (HCBC)? \_\_\_\_\_

Do you attend HCBC: Yes ☐ No ☐ If No, where do you attend? \_\_\_\_\_

Times Per Month: \_\_\_\_\_

Describe your spiritual life and what it means to you today? \_\_\_\_\_

Marital Status: Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Spouse's Name (First & Last): \_\_\_\_\_

List all persons living at your address (include: Spouse, fiancée, roommate(s), children, etc.):

First & Last Name	Age	Relationship	Employed Yes/No

Employment: ☐ Full-time ☐ Part-time ☐ Unemployed Employer: \_\_\_\_\_

Length of Employment \_\_\_\_ Years \_\_\_\_ Months Position \_\_\_\_\_ Benefit of Paid time off: ☐ Yes ☐ No

If unemployed, provide a reason and date employment ended: \_\_\_\_\_

Spouse Employment: ☐ Full-time ☐ Part-time ☐ Unemployed Employer: \_\_\_\_\_

Length of Employment \_\_\_\_ Years \_\_\_\_ Months Position \_\_\_\_\_ Benefit of Paid time off: ☐ Yes ☐ No

If unemployed, provide a reason and date employment ended: \_\_\_\_\_

Have you ever requested and/or received financial assistance from other family/friends, entities, ministries, or Hill Country Bible Church? Yes ☐ No ☐

Date	Amount Received	Paid To (rent, utilities, car, etc.)	Given to you by

Are you receiving benefits from any of the following agencies?

☐ Food Stamps ☐ Section 8 Housing ☐ Child Care Services ☐ TANF ☐ SSI/Disability ☐ VA Benefits

Briefly explain what kind of assistance you need and amount.

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What events led to your needing assistance?

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Rent, utilities, etc. provider name (e.g. PEC)	Total Bill Amount	Amount Short	Due Date(s)

If HCBC can assist, how will you meet your needs next month? \_\_\_\_\_

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If you are asking for rental or mortgage assistance, please complete the following:

Do you own your own home? Yes ☐ No ☐ Estimated Equity Amount: \_\_\_\_\_

**NOTE: HCBC provides Rent and Mortgage assistance through CHECK ONLY.**

Who does check need to be made payable to? \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

References: Names & Phone numbers for at least up to 3 references we can call, if necessary.

Name	Relationship	Phone

	Monthly Income	Office Use Only
Job #1 Hourly Rate: _____ Hours per Week: _____		CA
Job #2 Hourly Rate: _____ Hours per Week: _____		CK
Spouse's Job #1 Hourly Rate: _____ Hours per Week: _____		SA
Spouse's Job #2 Hourly Rate: _____ Hours per Week: _____		T
Unemployment		
Child Support		Next Inc Date:
Retirement		Next Inc Amt:
Social Security		
SSI/Disability		Next Steps:
Food Stamps		I.E.
Roommate's Contribution		E.F.
Other:		New Inc:
<b>Total Monthly Income:</b>		

	Monthly Payment	Current	Amount Past Due	Amount Owed
Tithes/Offerings		N/A	N/A	N/A
Food & Household Expenses		N/A		
Gas (auto)		N/A		
Rent/Mortgage		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Car Payment Year _____ Make _____		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Auto Insurance		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Electric		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gas		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Water		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cable/Internet		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone # of Devices _____		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Child Care/Child Support		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tuition		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>SUBTOTAL:</b>				

	Monthly Payment	Current	Amount Past Due	Payoff Balance
Credit Cards		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bank/Title Loans		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Student Loans		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>		

**TOTAL MONTHLY EXPENSES:**

**Total monthly Overage/Shortage (Circle One)**

\_\_\_\_\_

\_\_\_\_\_

**Hill Country Bible Church Benevolence Ministry & Charity Tracker Assistance Network**

**RELEASE OF INFORMATION, AUTHORIZATION & AGREEMENT**

The **Austin Area Assistance Network**, *hereinafter referred to as "Charity Tracker,"* is a shared, computerized record-keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Reveal Resource Center (Administering Agency) administers Charity Tracker on behalf of participating agencies of the Charity Tracker Assistance Network, including Hill Country Bible Church (participating agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

I authorize Hill Country Bible Church Austin, as a CharityTracker Participating Agency, to share my basic, identifying, and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

I understand if I choose not to participate in CharityTracker, I **will not** be considered for assistance from Hill Country Bible Church Austin.

I understand that the opportunity to complete and submit this form is **NOT** an offer or guarantee of financial assistance and that the review, approval, or denial process can take a **minimum** of 10 – 14 days.

I understand that I will be contacted by one or more members of Hill Country Bible Church Austin's Benevolence Ministry team.

***I accept that the HCBC Benevolence team will walk alongside me—not only to help me work toward financial stability, but also to help me connect in ways that lead to lasting growth and the thriving life God desires for me. They can help connect me with a financial class, provide resources for job enhancement, or help me find a small group where I can receive support and encouragement. By initialing below, I acknowledge and agree to follow through with the next steps provided for me by a HCBC Benevolence Ministry team member.***

\_\_\_\_\_  
(Initial Here)

All information in this application is true and accurate to the best of my knowledge. I agree that if I receive financial assistance from Hill Country Bible Church Austin, the amount is not to be disclosed to anyone outside my immediate family.

Everything in this application is CONFIDENTIAL. You are permitting the Benevolence Ministry to use this information to evaluate your request for assistance.

Name (print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Note: Typed signatures will NOT be accepted. If unable to complete an electronic signature, this page must be printed, and a formal signature must be provided. You may scan or take a photo of this page and email it back.***

**IMPORTANT INFORMATION: What to Know When Requesting Assistance**  
**Please Keep for Your Records**

Your request for assistance requires you to complete and sign a Benevolence Assistance Request Form. However, it is important to understand that the completion of the form does not guarantee an offer of assistance. You will also be informed of any other documents that will need to be submitted based on your specific request for assistance. All documents will be secured by our Benevolence Coordinator.

If based on the information received, you are eligible for an assistance review, then a telephone appointment will be made with a member of the Benevolence Ministry Team. The team member will consider all information gathered regarding your request as well as the resources available and the number of other people also making requests. Once your interview has been conducted, you will be notified of the decision regarding your request for assistance.

**Please allow 10-14 business days for the request process.**

**If you are approved for Rent/Mortgage Assistance**

- The payment will be made by check and will be made payable directly to your landlord/mortgage company.
- Checks are available to pick up on Thursdays, but you will receive a call from the Benevolence Coordinator for exact windows of time when you may come pick up your check.
- You will pick up your check from the Benevolence Coordinator at the Hill Country Bible Church Office.
- You must bring an official photo ID and any other information you have been instructed to bring by the Benevolence Team Member that interviewed you.

**If you are approved for Utility Assistance (electric, gas, water, phone)**

- Your utility bill will be paid with our church credit card.
- You will be emailed the confirmation number of the payment made for your records.

If the assistance offered is not one of the above-mentioned items, the Benevolence Ministry team member who interviewed you will let you know what to do to receive the assistance.

Hill Country Bible Church office hours

Monday, Tuesday, Thursday: 8:30-5:00pm

Wednesday: 8:30-5:00pm **CLOSED** 1:00-3:00pm

Friday, 8:30-3:00pm

**Hill Country Bible Church – Office Building**  
3351 Little Elm Trail, Cedar Park, Texas 78613  
[benevolenceministry@hcbc.com](mailto:benevolenceministry@hcbc.com) Phone: 512-331-5050 ext. 333