Mithesmikos Christian Apologia — Benevolence Assistance Application

Assistance to Churches Affected by Violence or Vandalism · Aid to the Poor and Sick

Submit completed applications to the Benevolence Committee. Decisions are at the exclusive discretion of the Ministry; no applicant is entitled to assistance.

Date of application: _____ Application ID (office use): _____

A. Type of Request

Select one primary category (Benevolence Policy §§ 2–3):

- ☐ Church — violence/vandalism / related emergency **(PRIMARY FOCUS)**
- ☐ Individual / family — financial hardship or medical need **(SECONDARY; when resources permit)**

B. Applicant Information

Applicant type: [ ] Church / congregation [ ] Individual [ ] Family / household

Legal / church name (or individual full name): _____

DBA / common name (if different): _____

Primary contact (name, title/role): _____

Phone: _____ Email: _____ Preferred contact: _____

Mailing address: _____

City / State / ZIP: _____ / _____ / _____

For churches — denomination / tradition (optional): _____
(Aid is available to any Christian tradition.)

For churches — website or public listing (if any): _____

C. Description of Need

Brief summary of the need (what happened, and what help is requested?):

_____

_____

_____

Date(s) of the incident or onset of need: _____

Location (city, state; address if relevant): _____

For church requests — nature of the incident (check all that apply):

- ☐ Violence against property [ ] Violence against persons [ ] Vandalism / graffiti / desecration
- ☐ Arson / fire [ ] Theft / burglary [ ] Other: _____

Was the incident related to the church's faith or ministry activities? (Policy § 3.1)

- ☐ Yes [ ] No [ ] Unknown / unclear — explain: _____

For individual / family requests — nature of hardship (check all that apply):

- ☐ Food / groceries [ ] Rent / mortgage / temporary housing [ ] Utilities
- ☐ Medical bills / prescriptions / healthcare [ ] Essential transportation
- ☐ Other basic necessity: _____

D. Amount Requested and Use of Funds

Total amount requested (USD): $ _____

Itemized use of funds (attach invoices / estimates when possible):

Item / vendor	Amount	Purpose

Preferred payment method (Policy § 4.3 — direct payment to vendors is preferred):

- ☐ Pay vendor / landlord / provider directly **(preferred)**
- ☐ Other (explain why direct payment is not practicable):
  _____

Vendor / payee details (name, address, invoice #, account # as applicable):

E. Other Resources

Insurance claim filed? (especially for churches)

- ☐ Yes — status / claim #: _____ [ ] No [ ] Not applicable

Insurance coverage / expected payout (estimate): _____

Other sources explored (family, government programs, other churches/charities, fundraising):

Amount already received or pledged from other sources: $ _____

Remaining gap this application seeks to cover: $ _____

F. Supporting Documentation

Attach copies (not originals unless requested). Check what you are including:

- ☐ Police / fire / incident report [ ] Photographs of damage
- ☐ Insurance correspondence / denial / estimate [ ] Contractor invoices or repair estimates
- ☐ Medical bills / EOBs / prescriptions [ ] Lease, utility bill, or eviction notice
- ☐ Proof of identity / church affiliation [ ] W-9 for vendors (if Ministry will pay them)
- ☐ Other: _____

G. Relationship & Conflict Disclosure

Required by Policy §§ 5.1, 8–9.

Does any applicant, household member, or church leader have a personal, family, employment, or financial relationship with Mithesmikos leadership, staff, board, or Benevolence Committee members?

- ☐ No [ ] Yes — describe: _____

Is any applicant a board member, officer, key employee of the Ministry, or a family member of such a person? (IRS “disqualified person” rules)

- ☐ No [ ] Yes — extraordinary review required under conflict-of-interest procedures

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H. Spiritual Care (Optional)

Per Policy § 2.3: material aid is **never** conditioned on accepting spiritual services. Check only if you wish to be offered any of the following:

- ☐ Prayer [ ] Pastoral encouragement / counseling [ ] Biblical teaching / Gospel conversation
- ☐ No spiritual care requested at this time

Preferred language / notes (optional): _____

I. Privacy & Acknowledgments

I understand that: (1) personal and financial information will be treated as confidential under the Benevolence Policy and shared only with those who have a legitimate need to know; (2) assistance, if any, is charitable and discretionary — not an entitlement, loan, or employment benefit; (3) the Ministry may verify information, contact vendors or references I provide, and approve, partially approve, or deny this request; (4) the Ministry prefers to pay third-party vendors directly; (5) false or incomplete information may result in denial or recovery of funds; (6) if I am an individual recipient, benevolence gifts are generally gifts, not taxable compensation for services (I am responsible for my own tax questions); and (7) public stories about assistance will be shared only with appropriate consent or in a privacy-protecting manner.

- ☐ I have read (or been offered) the Mithesmikos Benevolence Policy and understand the eligibility priorities and limitations.
- ☐ I consent to the Ministry contacting the vendors, insurers, or references named in this application for verification purposes.
- ☐ For churches: I am authorized to submit this request on behalf of the congregation / ministry named above.

J. Signature

By signing, I certify that the information in this application and attachments is true and complete to the best of my knowledge.

Printed name: _____ Title / role (churches): _____

Signature: _____ Date: _____

Second signature (optional): _____ Date: _____

Office use only (Benevolence Committee)

Applicants: do not complete below.

K. Intake & Verification

Received date / by / complete? _____
Documents verified / follow-up notes: _____
Conflict disclosed? [ ] No [ ] Yes — recusal / independent review attached

L. Decision

[ ] Approved in full [ ] Partially approved [ ] Denied [ ] Deferred — more info needed
Amount approved: $ _____ Approval tier: _____ Priority (§2.1 / §2.2): _____
Conditions / payees: _____
Reason (internal): _____ Decision date: _____
Approver(s) name / role / signature / date: _____

M. Disbursement & Recordkeeping

(Retain ≥ 7 years — Policy § 8)
Payment date / ref # / amount: _____
Payee(s): _____ Purpose recorded: _____
Selection / verification summary: _____
Relationship to leadership: _____
[ ] Applicant notified in writing [ ] Consent before any public story
File closed / initials: _____

Aligned to the Mithesmikos Benevolence Policy (Purpose, Eligibility, Application § 5.1, Payment § 4.3, Confidentiality, Conflicts, Recordkeeping). Not legal advice; have counsel review before adoption.