

Seeds of Hope Assistance Application

THE VINEYARD CHURCH OF NORTH GRAND RAPIDS



Date _____

I am requesting assistance with: paying bills food pantry

Applicant Name _____ Spouse's Name _____

Address _____

City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Marital Status (circle one) Single Engaged Married Separated Divorced Widowed

All Other Individuals Sharing Your Household

Name	Age	Relationship	Monthly Income

Please READ before filling out application

- The Seeds of Hope Ministry has been established by the Vineyard Church to provide assistance to the church community.
- The application process is an opportunity to open your personal life to other people that can help
- The information on your Seeds of Hope application is confidential. The information will be used by the pastoral team and financial counselors to provide you with assistance and help.
- Please fill it out as completely and accurately as possible. Some sections are mark "NOT required for food pantry."
- You may be asked to submit documents that verify your income and expenses.

For cash assistance grant requests only

- The application **must** be submitted via a Vineyard Church leader (small group leader, team leader, ministry leader). The application must be reviewed by a leader and group members.
- Assistance focuses on living expenses (such as mortgage/rent, vehicle loan payments, and utility bills) and some types of medical expenses.
- Copies of the most current bills for which you are requesting assistance must be included with the application. If rental assistance is being requested, a letter from the landlord or rental agreement will be required.
- If a decision is made to provide financial assistance, a check will be processed to the creditor only.
- Only one request may be made in a 12-month period. In order to help as many people as possible there is a limit on how much can be given to each applicant.

Seeds of Hope Assistance Application

PERSONAL INFORMATION

What events have led to you applying for assistance? _____

Are you regularly attending the Vineyard Church? Yes No

How long have you been attending? _____

Are you involved in a Vineyard small group? Yes No

Name of Leader _____

If so, does the small group know your need? Yes No

Do you have a New Focus financial counselor? Yes No

Name of Counselor _____

Are you regularly attending another church? Yes No

Which church? _____ How long? _____

May we contact your other church for a reference? Yes No

Name of a church leader with whom we could discuss your request? _____

Have you received any financial or other assistance from the Vineyard Church? Yes No

Date of past assistance _____

In the past 2 years, have you received assistance from another church or organization? Yes No

Date of past assistance _____ Explain Circumstances _____

Are you willing to participate in the New Focus Financial Freedom Course at the Vineyard? Yes No

What steps have you taken to improve your financial situation? _____

How would you describe your current relationship with Jesus Christ?

Please list two people that we may contact for a personal reference (not family members)

1. Name _____ Phone _____

Relationship to you _____

2. Name _____ Phone _____

Relationship to you _____

INCOME (what I make)

The income figures are what you *take home* after taxes and other deductions. Make a note of any deductions other than taxes (such as medical insurance, retirement, etc.). If your income varies from month to month, use a conservative monthly average based on the last two or three years' earnings. Referring back to your income tax record could be helpful in that determination. Remember, you want to note after-tax, take-home income. Include income sources for all those sharing your household (e.g., social security, disability, and child support).

Earnings/Income Per Month

Dollar Amount \$

Salary #1 (net take-home pay)	_____
Salary #2 (net take-home pay)	_____
Salary #3 (net take-home pay)	_____
Child Support	_____
Disability	_____
Social Security Income	_____
ADC (Aid to Dependent Children)	_____
Alimony	_____
Retirement Pension	_____
Food Stamps/Bridge Card	_____
Other	_____
TOTAL	_____

ASSETS (what I own) FOR CASH ASSISTANCE REQUESTS ONLY

Fill in the blanks as requested. For "Other Possessions," simply estimate the market value of your major assets. If you had to sell everything, what would you be able to get?

Asset Type	Description	Monetary Value
Checking Account		
Savings Account		
Insurance (cash value)		
Retirement Funds		
Home (fair market value)		
Auto		
Auto/other vehicle		
Possessions		
TOTAL		

Debts (what I owe) FOR CASH ASSISTANCE REQUESTS ONLY

What liabilities do you have? To whom do you owe money and how much? Include the minimum monthly payment on each debt. Gather as much information as you can to determine a *monthly average* for expenses in each category. Going through your checkbook register for the past year will probably be helpful. Be sure to include such items as auto insurance, property taxes, etc., that may not be paid on a monthly basis. If you've not kept records in the past, some of the categories may be difficult to estimate. Give it your best shot, recognizing that if you don't have records showing how much you're spending in a particular area, it's probably more than you think!

	Total Owed	Monthly Payment	Interest Rate (%)	Past Due Amount
Mortgage/Rent				
Home Equity Loan				
Car Loan				
Car Loan				
Education Loan				
Family/Friends				
Payday Loan				
Medical Debt				
Gas/Electric				
Water				
Phone				
Credit Card				
Credit Card				
Department Store				
Total				

If it is decided that the Vineyard Church can help, please give the names of four creditors, addresses, and amounts owed. ***Statements must be provided for each creditor listed and included with this form before submission.***

Creditor _____

Address _____

City, State _____

Zip _____

Account # _____

Amount _____

Creditor _____

Address _____

City, State _____

Zip _____

Account # _____

Amount _____

Creditor _____

Address _____

City, State _____

Zip _____

Account # _____

Amount _____

Creditor _____

Address _____

City, State _____

Zip _____

Account # _____

Amount _____

Monthly Budget

GIVING

Church _____
 Other Contributions. _____
TOTAL GIVING _____

SAVINGS (amount you save each month)

TOTAL SAVINGS _____

DEBT

CREDIT CARDS (monthly payments)

Visa _____
 Master Card _____
 Discover _____
 Am Express _____
 Gas Cards _____
 Dept. Stores _____

EDUCATION LOANS _____

OTHER LOANS:

Bank Loans _____
 Credit Union _____
 Family/Friends _____
 Pay Day Loans _____

TOTAL DEBT _____

HOUSING

MORTGAGE (including taxes & insurance) _____

RENT _____

MAINTENANCE/REPAIRS _____

UTILITIES:

Electric _____
 Gas _____
 Water _____
 Trash _____
 Internet _____
 Cable TV _____
 Telephone /Cell _____

OTHER _____

TOTAL HOUSING _____

AUTO/TRANSPORTATION

CAR PAYMTS./LICENSE _____
 GAS/BUS/TRAIN/PKING. _____
 OIL/LUBE/MAINT. _____
TOTAL AUTO _____

INSURANCE (paid by you)

AUTO _____
 DISABILITY _____
 LIFE _____
 MEDICAL/DENTAL _____
 OTHER: _____
TOTAL INSURANCE _____

HOUSEHOLD/PERSONAL

GROCERIES _____

CLOTHES/DRY CLEANING _____

GIFTS _____

HOUSEHOLD ITEMS _____

PERSONAL

Liquor/Tobacco _____

Cosmetics _____

Barber/Beauty _____

OTHER

Diapers _____

Baby Formula _____

Music Lessons _____

Computer Supplies _____

Education _____

Miscellaneous _____

TOTAL HOUSEHOLD _____

ENTERTAINMENT

GOING OUT:

Meals _____

Movies/Events _____

Babysitting _____

TRAVEL (VAC./TRIPS) _____

OTHER:

Fitness/Sports _____

Hobbies _____

Media Rentals _____

Other _____

TOTAL ENTERTAINMENT _____

PROFESSIONAL SERVICES

CHILD CARE _____

PRESCRIPTIONS _____

OTHER:

Legal _____

Counseling _____

Union/Prof. Dues _____

Dental _____

Medical _____

Vision _____

TOTAL PROFESSIONAL _____

MISC. SMALL CASH EXPENSES _____

LEGAL EXPENSES

Child Support _____

Alimony _____

TOTAL LEGAL EXPENSES _____

TOTAL MONTHLY EXPENSES

TOTAL MONTHLY INCOME _____

LESS TOTAL EXPENSES _____

BALANCE AVAILABLE

EMPLOYMENT

Are you employed? Yes No

If applicable, is your spouse employed? Yes No

What type of work have you/your spouse been doing? _____

What type of work are you/your spouse willing to do? _____

Recent Employers

1. Name of Employer _____

When were you employed there: From _____ to _____ (approximate dates)

Reason for leaving _____

2. Name of Employer _____

When were you employed there: From _____ to _____ (approximate dates)

Reason for leaving _____

3. Name of Employer _____

When were you employed there: From _____ to _____ (approximate dates)

Reason for leaving _____

Why are you/your spouse unemployed? _____

If you/your spouse are unemployed, are you/your spouse currently seeking employment? Yes No

Have you/your spouse applied for unemployment benefits? Yes No

What steps are you/your spouse taking to seek employment?

AGREEMENT

I hereby attest that all the above information is true and provides an accurate representation of my household income and status. If I am receiving cash assistance, I agree to actively participate with the Vineyard Church in seeking a resolution to the issues involving my financial or credit situation. I understand that the Vineyard Church may attempt to assist me in developing a financial plan; however, the Vineyard Church does not make any representation or warranty with respect to whether or not its services will help my financial condition or guarantee its ability to help me with my credit or financial management now or in the future.

I understand that the assistance program services provided by the Vineyard Church are without charge, and that the individuals in the Seeds of Hope ministry are often volunteers who are donating their time to assist me. Further, I understand that Seeds of Hope volunteers have pledged not to benefit monetarily in any way as a result of their involvement in the program and are therefore prohibited from selling any services or products to anyone seeking their services.

I hereby agree to indemnify and hold harmless all Vineyard Church volunteers, the Vineyard Church and its employees, agents, counselors, officers, and Board of Directors from any and all claims, suits, actions, demands, or liability of any kind or nature arising out of, or in any manner connected with, my participation with the Seeds of Hope Ministry.

The singular shall include the plural and, if the applicant is married, both the applicant and spouse shall sign below.

X _____ Date _____

X _____ Date _____

Applicant Signature (If married, both spouses must sign)

SMALL GROUP LEADER REVIEW (internal use only)

Small Group/Team Leader Submitting Application _____

In addition to the leader, one additional group member (not your spouse), must review this application

Name of Group Member Assisting _____

What has your group done to assist the applicant? _____

What ongoing support can you provide the applicant? _____

What assistance are you recommending for the applicant (emergency relief, counseling, New Focus Class, etc.)? _____

Which bills do you recommend we pay and for how much? _____

Signature of Leader Submitting Application _____ Date _____

Signature of Group Member _____ Date _____

PASTORAL REVIEW (internal use only)

Application Reviewed By _____

Notes _____

Action Step _____ Due Date _____

Action Step _____ Due Date _____

Action Step _____ Due Date _____

Action Step _____ Due Date _____

This request is: Approved Denied

For the amount of \$ _____ payable to _____

and the amount of \$ _____ payable to _____

and the amount of \$ _____ payable to _____

Signature of Reviewer _____ Date _____

For requests exceeding annual limits or one grant of assistance in 12-month period, the signature of two pastors and the board overseer is required:

Signature of Pastor _____ Date _____

Signature of Board Member _____ Date _____