



Date: _____

Name: _____

Address: _____

Phone: _____ Home Church: _____

Pastor: _____ Church Phone: _____

What areas do you currently need assistance with (utilities, rent, etc.)? Please include amount of request and a copy of the bill(s):

Are you currently employed? _____ Monthly Income: _____

Is your spouse employed? _____ Monthly Income: _____

Other income (social security, rental property, second job, unemployment)?

Please list your monthly fixed costs along with amounts (mortgage, utilities, groceries, gas, etc): _____

Please list your discretionary costs and amounts (clothes, cable, phone, etc):

Do you keep a monthly budget? _____ (If yes, please include)

Do you tithe regularly? _____ Have you discussed your situation with family members or close friends? Are they willing or able to help? _____

Are you willing to attend a Financial Counseling Course if recommended? _____

FOR INTERNAL USE ONLY – Not to be completed by applicant

Shepherding Elder: _____ Is Shepherding Elder aware of situation? _____

Have Deacons communicated adequately with Shepherding Elder? _____

Has the Deaconate been notified (if appropriate)? _____