

PLEASE LIST ANY OTHER PARTIES THAT HAVE PREVIOUSLY PROVIDED ASSISTANCE:

NAME: _____
AMOUNT: _____
DATE / FREQUENCY: _____

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NAME: _____
AMOUNT: _____
DATE / FREQUENCY: _____

NAME: _____
AMOUNT: _____
DATE / FREQUENCY: _____

BUDGET WORKSHEET

INCOME

(please circle one)

- Husband:** _____ Weekly - Monthly - Annually
- Wife:** _____ Weekly - Monthly - Annually
- Child Support:** _____ Weekly - Monthly - Annually
- Gov't Assist:** _____ Weekly - Monthly - Annually **Explain:** _____
- Other:** _____ Weekly - Monthly - Annually **Explain:** _____

TOTAL INCOME _____

EXPENSES

BUDGETED AMOUNT

AMOUNT PAST DUE

Tithe/Offerings	_____	_____
Mortgage/Rent	_____	_____
Utilities	_____	_____
Gas (Auto)	_____	_____
Telephone/Cell	_____	_____
Cable TV	_____	_____
Internet	_____	_____
Vehicle Payment 1	_____	_____
Vehicle Payment 2	_____	_____
Public Transport	_____	_____
Vehicle Insurance	_____	_____
Medical Insurance	_____	_____
Food / Household	_____	_____
Tuition	_____	_____
Savings	_____	_____
Credit Cards	_____	_____
Misc. Other	_____	_____
Clothing	_____	_____

TOTALS: _____

NET Income minus Expenses _____

If your net is negative, please explain how you plan to change this:

Please list any other outstanding debts you have including debtor and amount owed:

Please list any other liquid assets you have (savings, bonds, stocks, etc.)

*****IMPORTANT*****

All information shared within this document is confidential and Eastside Community Church will not release this document to anyone outside of our Benevolence Ministry without prior approval from the applicant. We appreciate you reaching out in a time of need and we are here to help in whatever way God leads. You will be contacted from someone at Eastside Community Church shortly to schedule a benevolence interview to go through this application and obtain more information if needed. If you have any further questions about our benevolence process feel free to contact us.

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