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FINANCIAL ASSISTANCE APPLICATION

Important Information: To help us be good stewards of the financial resources of Meadowbrook Church, we ask you to complete both pages of the following questionnaire. For this request to be considered, it must be completed in its entirety and a copy of your bill attached. The Financial Assistance Team will give your application thoughtful and prayerful consideration.

Personal Information – Please Print

Name	_____						Date	_____
Date of Birth	_____						Phone	_____
Address	_____						Work Phone	_____
City	_____						E-mail Address	_____
State	_____						Spouse's Name	_____
Zip Code	_____						# in Household	_____
Marital Status	Married	Separated	Single	Living Together	Divorced	Widowed		
Employed	Yes		No	How long employed?	_____			
Spouse Employed	Yes		No	How long employed?	_____			
Part-time or Full-time?	_____							

Income and Expenses

Monthly Income		Monthly Expenses			
		Column A		Column B	
Job-Take home	\$ _____	Tithe	\$ _____	Credit Cards	\$ _____
Spouse's Job	\$ _____	Rent/Mortgage	\$ _____	Phone	\$ _____
Social Security	\$ _____	Electric	\$ _____	Insurance	\$ _____
SSI Disability	\$ _____	Food	\$ _____	Clothing	\$ _____
Child Support	\$ _____	Cable/TV	\$ _____	Repairs	\$ _____
Food Stamps	\$ _____	Vehicle	\$ _____	School	\$ _____
Retirement	\$ _____	Gas	\$ _____	Pet Cost	\$ _____
Other	\$ _____	Other	\$ _____	Other	\$ _____
Total Income	\$ _____	Total Expenses (Add Columns A&B)		\$ _____	

I attend Meadowbrook Church	In person	On line			
How long attended?	_____		Do you tithe?	Yes	No
Have you participated in a small group?	Yes	No	Are you a veteran?	Yes	No
Are you serving in any area of the church?	Yes	No	Where do you serve?	_____	
Have you attended Growth Track?	Yes	No			

Assistance Requested

Checks cannot be issued until we have received the required IRS information from the vendor. A phone number is required so we can contact the vendor. Additional time may be required for the vendor to respond and comply.

Vendor Name (to whom payment is due)	Vendor Phone	Amount
		\$
		\$
		\$
Total amount of need		\$
How much can you, family, or friends pay towards this need?		\$
Total assistance you are requesting from Meadowbrook Church?		\$

Have you received financial assistance from other ministries and/or government agencies in the last year? Yes No
If yes, please complete the information below.

Date	Amount	Reason

I have applied for unemployment: Yes No

I am actively applying for a job: Yes No

I have recently applied for these jobs:

- 1.
- 2.
- 3.

By my signature below, I am authorizing Meadowbrook Church to check any of the sources I have provided on this sheet.

X
Applicant's Signature

X
Date

REQUEST FOR RELEASE OF INFORMATION

Meadowbrook Church

4741 SW 20th Street, Ocala, FL 34474

352.873.3767

www.mbcocala.org

Lendor/Mortgage Company	
Address	
Phone Number	
Tenant Account Number	

Tenant Printed Name	
Tenant Phone Number	
Tenant Address	
Tenant last 4 Digits of SS#	
Tenant Birthdate	

Reason for Request	<p>Requesting a W-9 for Meadowbrook Church 501 (c)(3) for tax purposes</p> <p>Mortgage information to assist in making a payment</p> <p>Other</p>
Purpose of Release	<p>I hereby authorize Meadowbrook Church, in their role as a benevolence agency, to make a one-time payment to said Lender/Mortgage Company on my behalf.</p>

Tenant Signature

Date

****Please email W-9 to meadowbrookaccounting@mbcocala.org**

OFFICE USE ONLY BELOW

Intake phone call _____ Date _____
Referral to another agency _____

Application approved by: _____ Date _____
Application declined by: _____ Date _____

Amounts approved for Accounting Department processing:

Vendor _____ \$ _____
Vendor _____ \$ _____
Vendor _____ \$ _____

Received by:	Received Date:
In CCB	Added to CCB
Prior Assistance	
Rent Date: _____	
Utilities Date: _____	
Gift Card Date: _____	

Pastoral Team Notes: