

Name: \_\_\_\_\_

## Woodcreek Church Assistance Application

From time to time, many people face difficult financial hardship in life. We know that sometimes people experience unexpected times of crisis such as **divorce, job loss, death in the family, or illness**. The purpose of Woodcreek Assistance is to primarily meet a one-time only need.

If you have any questions at any time, please contact the Care Coordinator, Sarah Wadsworth, at (972) 238-8722 or [sarah.wadsworth@woodcreekchurch.com](mailto:sarah.wadsworth@woodcreekchurch.com).

### Process Steps

1. Financial Assistance is for members of Woodcreek Church.
2. Complete the Assistance Application as thoroughly as possible. You can drop it off in person or email it to the Care Coordinator, Sarah Wadsworth [sarah.wadsworth@woodcreekchurch.com](mailto:sarah.wadsworth@woodcreekchurch.com).
3. After receiving your application, someone from Woodcreek Church staff will meet with you.
4. Following the meeting, we will discuss next steps and let you know how we are able to help you at this time.

*Please thoughtfully and thoroughly fill out this application. All information will be kept strictly confidential.*

## Woodcreek Church Assistance Guidelines

*Please read carefully before completing and submitting this application.*

- 1. The purpose of this ministry is to provide financial assistance to meet basic necessities.** (Food, immediate lodging, utilities, or urgent medical need)
- 2. If approved, the checks will only be written directly to a provider.** (Landlord, utility company, etc.)
- 3. Financial assistance is seen as a one-time gift.**
- 4. Financial assistance is a gift and not a loan.** A recipient is not obligated to return or repay any financial assistance provided. A recipient may donate money to the Assistance fund at some later date if he/she desires.

*I, the undersigned, have read and agree with the Woodcreek Church Assistance Guidelines before completing this application. I also understand that the Woodcreek Church staff will hold all information with the utmost of confidentiality.*

Please Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

## Woodcreek Church Assistance Application

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The purpose of the **Woodcreek Church Assistance Ministry** is primarily to meet a one-time only, unusual or unexpected, short-term financial need of members of the Woodcreek Church body that cannot otherwise be met.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and ages of others in your home:

\_\_\_\_\_  
\_\_\_\_\_

What is the reason for assistance?

\_\_\_\_\_  
\_\_\_\_\_

Who referred you? \_\_\_\_\_

Length of time attending Woodcreek Church: \_\_\_\_\_

Church Involvement/Ministry/Groups: \_\_\_\_\_

**Name:** \_\_\_\_\_

Whom do you know at the church that we could use as a reference?

1. \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_

**EMPLOYMENT**

Profession/Training/Education/Certification:

\_\_\_\_\_  
\_\_\_\_\_

Are you or your spouse unemployed? \_\_\_\_\_

If so, since when?

\_\_\_\_\_

If so, why?

\_\_\_\_\_

Have you applied for unemployment benefits (when)?

\_\_\_\_\_

If so, how much are you receiving and how long?

\_\_\_\_\_

If you are not employed, how many interviews have you had in the last 6 months?

\_\_\_\_\_

What else have you done to seek employment?

\_\_\_\_\_

\_\_\_\_\_

Most Recent Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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**HEALTH INFORMATION**

Do you have any health issues?

\_\_\_\_\_

Any medications? \_\_\_\_\_

**FINANCIAL INFORMATION**

Debt Status (Delinquencies, legal action filed, etc.):

\_\_\_\_\_

Are you receiving financial help now? \_\_\_\_\_

If so, from whom and how much? \_\_\_\_\_

\_\_\_\_\_

Have you received any financial help from family members or friends?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you rent or own your home?

\_\_\_\_\_

Name: \_\_\_\_\_

**Monthly Income**

Monthly Salary \$ \_\_\_\_\_ (After Tax)  
 Spouse's Salary \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ (Source) \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ (Source) \_\_\_\_\_  
  
 Total Income \$ \_\_\_\_\_

**Current Assets**

Checking Account Balance \$ \_\_\_\_\_  
 Savings Account Balance \$ \_\_\_\_\_  
 CD's, Stocks, etc \$ \_\_\_\_\_  
 IRA, 401K \$ \_\_\_\_\_  
  
 Total Assets \$ \_\_\_\_\_

**Monthly Financial Obligations (Outflow)**

Food/Toiletries	\$ _____	Car Payment 1	\$ _____	Entertainment	\$ _____
Rent/Mortgage	\$ _____	Car Payment 2	\$ _____	Tabacco, etc.	\$ _____
Electricity	\$ _____	Auto Insurance	\$ _____	Other	\$ _____
Gas	\$ _____	Gasoline/Fuel	\$ _____	Other	\$ _____
Water	\$ _____	DART	\$ _____	<b>Total Debt</b>	\$ _____
Phone	\$ _____	Health Insurance	\$ _____	Payments	\$ _____
Cable TV	\$ _____	Life Insurance	\$ _____	(worksheet below)	\$ _____
Internet	\$ _____	Medications	\$ _____		
Security System	\$ _____	Child Care	\$ _____		
Lawn Care	\$ _____	Child Support	\$ _____	<b>Total Monthly</b>	
Property Taxes	\$ _____	Clothing	\$ _____	Expenses	\$ _____

**Debt (Credit Cards, Pay Day Loans, Store Credit, Medical Bills, Personal Loan)**

	<u>Name</u>	<u>Month Due</u>	<u>Balance</u>	<u>Monthly Payment</u>
1.	_____		\$ _____	\$ _____
2.	_____		\$ _____	\$ _____
3.	_____		\$ _____	\$ _____
4.	_____		\$ _____	\$ _____
5.	_____		\$ _____	\$ _____
6.	_____		\$ _____	\$ _____
7.	_____		\$ _____	\$ _____
8.	_____		\$ _____	\$ _____
	<b>Total Balance</b>		\$ _____	\$ _____

Name: \_\_\_\_\_

Any other information we should be aware of:

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**FOR OFFICE USE ONLY**

Recommendation:

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Signature:

\_\_\_\_\_ Date: \_\_\_\_\_