

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 Director, Sharon Spaulding, at (972) 238-8722 or sharon.spaulding@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 Director, Sharon Spaulding sharon.spaulding@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

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: _____

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, friends or Community Group?

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	\$ _____	Total Debt	\$ _____
Phone	\$ _____	Health Insurance	\$ _____	Payments	\$ _____
Cable TV	\$ _____	Life Insurance	\$ _____	(worksheet below)	\$ _____
Internet	\$ _____	Medications	\$ _____		
Security System	\$ _____	Child Care	\$ _____		
Lawn Care	\$ _____	Child Support	\$ _____	Total Monthly	
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.	_____		\$ _____	\$ _____
	Total Balance		\$ _____	\$ _____

Name: _____

Any other information we should be aware of:

FOR OFFICE USE ONLY

Recommendation:

Signature:

_____ Date: _____