

Woodcreek Church Assistance Application Form

Introduction

At Woodcreek Church, we understand that everyone can face financial hardships due to unexpected crises like divorce, job loss, death in the family, or illness. Our Assistance Application is designed to help meet one-time, short-term financial needs primarily related to basic necessities. *This resource is available to members of Woodcreek Church only.*

Contact Information

- For inquiries, please contact Sharon Spaulding, Care Director.
 - Phone: (972) 238-8722
 - Email: sharon.spaulding@woodcreekchurch.com or care@woodcreekchurch.com

Application Process

1. Eligibility: Assistance is available to Woodcreek Church members.
2. Application: Complete this form as thoroughly as possible. Submit in person or via email to the Care Director.
3. Review: A Woodcreek Church staff member will contact you for a meeting.
4. Decision: We will inform you of the next steps and how we can assist you.

Please provide complete and accurate information. All submissions are treated with strict confidentiality.

Guidelines

- Assistance is intended for basic needs: food, lodging, utilities, or urgent medical care.
- Funds are disbursed directly to service providers.
- Assistance is a one-time gift, not a loan, though recipients can contribute to the fund voluntarily in the future.

By signing below, you acknowledge understanding and agreement with these guidelines.

Applicant Signature: _____

Print Name: _____

Date: _____

Application Details

Personal Information

- Date: _____
- Name: _____
- DOB: _____
- Phone: Home _____ Work _____ Cell _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Email: _____

Household Information

- Names and ages of other residents: _____

Assistance Request

- Reason for assistance: _____
- Referral source: _____
- Church involvement: _____
- Length of time attending Woodcreek Church: _____

References within Church

- Names and contact numbers:
1 _____
2 _____

Employment and Financial Information

- Employment status, education, recent job history, health issues, income, debts, financial obligations, and assets.

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 six months?

What else have you done to seek employment?

Most Recent Employer:

Dates: _____ Supervisor: _____

Address: _____

Previous Employer:

Dates: _____ Supervisor: _____

Address: _____

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? _____

Assets:

Monthly Salary

\$ _____

Checking Account Balance

\$ _____

Spouse's Salary

\$ _____

Savings Account Balance

\$ _____

Food Stamps

\$ _____

Total Income

\$ _____

CD's, Stocks, etc.

\$ _____

Unemployment

\$ _____

IRA, 401K

\$ _____

Child Support

\$ _____

Other Income

\$ _____

Total Assets

\$ _____

Monthly Financial Obligations (Outflow)

Rent/Mortgage \$ _____	Gasoline/Fuel \$ _____	Internet \$ _____
Car Payment 1 \$ _____	Other \$ _____	Medications \$ _____
Entertainment \$ _____	Food/Toiletries \$ _____	Security System \$ _____
Electricity \$ _____	DART \$ _____	Child Care \$ _____
Car Payment 2 \$ _____	Total debt \$ _____	Lawn Care \$ _____
Tobacco, etc. \$ _____	Phone \$ _____	Child Support \$ _____
Gas \$ _____	Health Insurance \$ _____	Property Taxes \$ _____
Auto Insurance \$ _____	Payments \$ _____	Clothing \$ _____
Other \$ _____	Cable TV \$ _____	Expenses \$ _____
Water \$ _____	Life Insurance \$ _____	TOTAL \$ _____

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

Name _____	Due Date _____	Balance _____	Payment _____
Name _____	Due Date _____	Balance _____	Payment _____
Name _____	Due Date _____	Balance _____	Payment _____
Name _____	Due Date _____	Balance _____	Payment _____
Name _____	Due Date _____	Balance _____	Payment _____
Name _____	Due Date _____	Balance _____	Payment _____

TOTAL _____ TOTAL _____

Declaration

Please provide any additional information that can help us understand your situation better.

FOR OFFICE USE ONLY

- Recommendation:

-
- Signature:

-
- Date: _____