



Center Point

C H U R C H

"Helping people discover and live a God centered life"

APPLICATION FOR ASSISTANCE

Today's Date _____

Pages 1-3 MUST be completed prior to consideration

PERSONAL INFORMATION

Head of Household Name _____ D.O.B. _____

DL# _____ S.S. # _____ Married _____ Divorced _____ Single _____

Address _____ Apartment # _____

City _____ State _____ Zip Code _____

How long have you been at current address? _____ E-mail address: _____

Home Phone _____ Cell Phone _____

Names of others living in your home	Relationship	Age	Work/School Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently employed? _____ How Long? _____ Where? _____

If not currently employed, when and where were your last two job search interviews? Provide name and contact info for person that interviewed you.

MY CURRENT MONTHLY INCOME:

Employment \$ _____ Other Family \$ _____

Food Stamps \$ _____ TANF \$ _____ WIC \$ _____ **Total Monthly Household Income \$ _____**

What has caused your current shortage of funds? _____

What steps have you taken to remedy your situation? _____



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ASSISTANCE REQUESTED

Attach a copy of the bill or bills to be paid.

Food

Utilities

Furniture

Spiritual

Housing

Clothing

Counseling

Other

If "other" for what purposes _____

Other copies required: Driver license, and SS card.

Total Amount Requested \$ _____

INVOLVEMENT AT CHURCH:

Do you attend Church? Yes No If yes, where? _____

Have you contacted your home church for assistance? Yes No Their response? _____

How did you hear about us? _____

Center Point Involvement: Member (signed covenant) Regular Attendee (non-member)

Have Visited CPC Never Been

Are you an active participant in a Home Team? Yes No If yes, which one? _____

REFERENCES:

List 2 people who can confirm your current situation and request for help.

Name _____ Relationship _____

Address _____

Phone _____ E-mail _____

Name _____ Relationship _____

Address _____

Phone _____ E-mail _____

AGREEMENT

I understand that by signing below I am authorizing Center Point Church and its authorized representatives to request, share and obtain all information and records, confidential and otherwise, including wants/warrants through the local law enforcement, that CPC may deem necessary in order to assist me. I also understand that I am responsible for my financial responsibilities and that the church is not obligated to assist me with these responsibilities. I understand that my name, social security number and any other pertinent information may be added to "Charity Tracker" a central database, which is connected to other local churches in the surrounding cities.

Signature _____

Date _____

MONTHLY INCOME AND EXPENSES

GROSS INCOME PER MONTH	\$		8	Enter. /Recreation	\$
Salary		_____		Eating Out	_____
Interest		_____		Baby Sitters	_____
Dividends		_____		Activities/Trips	_____
Other		_____		Vacation	_____
Other		_____		Other	_____
		_____		Other	_____
LESS					
1 Tithe	\$	_____		9 Clothing	\$
2 Tax (est. - Incl.Fed., State, FICA)	\$	_____		10 Savings	\$
NET SPENDABLE INCOME	\$	_____		11 Medical Expenses	\$
3 Housing	\$	_____		Doctor	_____
Mortgage		_____		Dentist	_____
(rent) Insurance		_____		Credit Card	_____
Taxes		_____		Other	_____
Electricity		_____		12 Miscellaneous	\$
Gas		_____		Toiletry, cosmetics	_____
Water		_____		Beauty, barber	_____
Sanitation		_____		Laundry, cleaning	_____
Telephone		_____		Allowances, lunches	_____
Maintenance		_____		Subscriptions	_____
Other		_____		Gifts (incl. Christmas)	_____
Other		_____		Cash	_____
4 Food	\$	_____		Cable/Internet	_____
5 Automobile(s)	\$	_____		Other	_____
Payments		_____		Other	_____
Gas and Oil		_____		13 Investments	\$
Insurance		_____		14 School/Child Care	\$
License/Taxes		_____		Tuition	_____
Maint. /Repair/Replace		_____		Materials	_____
6 Insurance	\$	_____		Transportation	_____
Life		_____		Day Care	_____
Medical		_____		Other	_____
Other		_____		TOTAL EXPENSES	\$
7 Debts	\$	_____		Net Spendable Income	\$
Credit Card		_____		Less Expenses	\$
Loans and Notes		_____			_____
Other		_____		INCOME VERSUS EXPENSES	\$
		_____			_____

FOR OFFICE USE ONLY. Do not write below this line.

Membership Status: ___ Covenant Member ___ Attendee (In System) ___ Non-Member (Not in System)

Do we have an application on file for this person ___ Yes ___ No

Have we helped this person before ___ Yes ___ No How many times _____

List the dates and the help offered:

Date _____ Assistance Offered _____

Date _____ Assistance Offered _____

Date _____ Assistance _____

Offered Copy of this individuals Driver's License or ID ___ Yes ___ No

Copy of supporting documents supporting financial need ___ Yes ___ No

SUPPORT

CPC Representative _____

Ministry Offered/Given _____

Resource Information Given _____

Referral to _____

Follow up needed _____

FINANCIAL SUPPORT GIVEN

Payee _____ Amount \$ _____ Account Charged _____

Payment made on _____ via: ___ Credit Card ___ Check # _____ Other

Approved by _____ Date _____

Other notes or comments _____
