



# 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 was your last job search interview? \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ **Total Monthly Income \$ \_\_\_\_\_**

What has caused your current shortage of funds? \_\_\_\_\_

What steps have you taken to remedy your situation? \_\_\_\_\_

Do you have family in the area? \_\_\_\_\_ Are they aware of your situation? \_\_\_\_\_

How many times in the last 6 months have you requested assistance? \_\_\_\_\_

Who has provided you with financial assistance? \_\_\_\_\_

What action are you requesting from us? \_\_\_\_\_



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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 \_\_\_\_\_

If for Spiritual \_\_\_\_\_

**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

How did you hear about us? \_\_\_\_\_

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

Have Visited

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 you. 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

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

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_