

Emergency Financial Assistance Application

Bear one another's burdens and so fulfill the law of Christ.

—Galatians 6:2



Financial Assistance Application

| | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--|
| Today's date | | | | | | | | | | |
| Name(s) | | | | | | | | | | |
| Address | | | | | | | | | | |
| City | | | | State | | | Zip code | | | |
| County | | | | | E-mail address | | | | | |
| Home phone | | | Work phone | | | Cell phone | | | | |
| | | | | | | | | | | |
| Married | <input type="checkbox"/> | Single | <input type="checkbox"/> | Separated | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widow/Widower | <input type="checkbox"/> | |
| Applicant's SS # | | | | | DL # | | | | | |
| Spouse/Roommate name | | | | | | | | | | |
| Spouse/Roommate SS # | | | | | DL # | | | | | |
| Length of residency in Wayne Co.: Years | | | | | | Months | | | | |
| Length of residency at current address: Years | | | | | | Months | | | | |
| How did you hear about Assembly Of Praise (AOP)? | | | | | | | | | | |
| | | | | | | | | | | |
| Who referred you to AOP? | | | | | | | | | | |
| Have you or anyone else in your household been assisted by AOP? | | | | | | | | | | |
| | | | | | | | | | | |
| If yes, when was the assistance provided? | | | | | | | | | | |
| Church Affiliation: | | | | | | | | | | |
| Are you a | Member | <input type="checkbox"/> | Regular attendee | <input type="checkbox"/> | Visitor of AOP? | <input type="checkbox"/> | | | | |
| If visitor, when was the last time you attended? | | | | | | | | | | |
| Are you involved in any ministries, classes, or volunteering at AOP? If yes, which ones? | | | | | | | | | | |
| | | | | | | | | | | |
| Is there anyone at AOP who knows your situation? If yes, who? | | | | | | | | | | |
| May we contact them? (Provide contact information) | | | | | | | | | | |
| | | | | | | | | | | |
| Do you have a church home other than AOP? If yes, where? | | | | | | | | | | |
| | | | | | | | | | | |

In order to determine how and/or if we can be of assistance, please complete the following questions: *(Use back of page if necessary.)*

| |
|--|
| What is your need today and what specific help are you requesting? |
| |
| What is the crisis or situation that has caused you to ask for assistance? |
| |
| If assisted by AOP, how will you pay for this expense on a regular basis? |
| |
| Have you filed Bankruptcy before? Please provide details and circumstances. |
| |

Have you been assisted by any other church/agency/organization? If yes, provide name and assistance received. *(Use back of page if necessary.)*

If you are not associated with AOP and living outside Wayne County, you must contact organizations in your own county before we will process your application. Please list all churches/agencies/organizations you have contacted for assistance. Please specify the provider, contact person, and phone number for each. *(Use back of page if necessary.)*

| |
|----|
| 1. |
| 2. |
| 3. |

List all persons living at the address listed on page 2:

| First/Last Name | Sex | Age | Grade | Employment /School | Relationship to Applicant |
|-----------------|-----|-----|-------|--------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Employment History:

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|---|
| Is anyone in your household unemployed due to disability? |
| |
| Are they receiving disability benefits? |
| |

Please list your present/past employment:

| | Place of Employment (full and/or part-time) | Dates of Employment | Duties | Reason for Leaving |
|---------|---|---------------------|--------|--------------------|
| Current | | | | |
| Current | | | | |
| Past | | | | |
| Past | | | | |

Please list your spouse's/roommate's present/past employment:

| | Place of Employment (full and/or part-time) | Dates of Employment | Duties | Reason for Leaving |
|---------|---|---------------------|--------|--------------------|
| Current | | | | |
| Current | | | | |
| Past | | | | |
| Past | | | | |

Total Household Income/Monthly Expense Report

| Income | Income Amount | Types of Expense | Expense Amount | Past Due Amount |
|--|---------------|--|----------------|-----------------|
| Wage 1 (name) | | Housing | | |
| Wage 2 (name) | | Electric | | |
| Social Security | | Gas | | |
| Disability | | Water | | |
| Veteran's Disability | | Phone/Long Distance | | |
| Retirement | | Cable | | |
| Food Stamps | | Cell Phone | | |
| Family | | *Car Payment 1 | | |
| Friends | | *Car Payment 2 | | |
| Unemployment | | Gasoline | | |
| Workers Comp | | Auto Insurance | | |
| Child Support | | Home Insurance | | |
| Other Agencies | | Health Insurance | | |
| Any Other Income | | Groceries | | |
| Checking Acct. Balance | | School Lunches | | |
| Savings Acct. Balance | | Medical | | |
| Cash | | Child Care | | |
| | | Child Support | | |
| | | Loans (explain purpose) | | |
| | | Credit Cards | | |
| | | Club Memberships (Gym, tanning, etc.) | | |
| | | Others (explain purpose) | | |
| *What model and year of cars are you driving? | | *Is the car yours? *Balance owed on cars? | | |
| Total Income | | Total Expenses | | |

| |
|-------------------------|
| Mortgage Company |
| Address |
| City, State, Zip |
| Phone # |

| |
|--------------------------------|
| Landlord/Apartment Name |
| Address |
| City, State, Zip |
| Phone # |

If you are assisted by Benevolence please consider a financial contribution when you are economically capable. This ensures that others can be helped when their need arises.

Release of Information

I hereby authorize the release of information to Assembly Of Praise (AOP) to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand AOP may verify the information on this application in order to substantiate emergent need and may require written documentation including, but not limited to, a lease agreement, eviction notice, bank statements, proof of income, birth certificates, etc. Deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for AOP to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature

Date

A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another. John 13:34

| | |
|-----------------------------|--|
| Payment Information: | |
| Amount Needed: | |
| Check Payable To: | |
| | |