

Please print and fill out the form below. We will contact you after your request has been reviewed. Processing may take at least 5 business days from this date. Copies of bills for which assistance is needed must be attached. **Failure to complete the entire form may delay the review of your request.**

Today's Date _____ Who referred you to us? _____

Applicant's First & Last Name _____ Spouse's First & Last Name _____

| Household Members' Names | Relationship | Birthdate |
|--------------------------|--------------|-----------|
| | | |
| | | |
| | | |
| | | |

Current Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

H _____ W _____ C _____

What steps are you taking to better your financial situation? _____

Are you regularly attending Grace Bible Church? Yes No

If yes, how long have you been attending? _____

Are you currently tithing at Grace Bible Church? Yes No

Are you volunteering at Grace Bible Church? Yes No

If yes, in which ministry are you serving? _____

Have you been helped previously by Grace Bible Church? Yes No

Have you received assistance from any other church, ministry or agency during the past 6 months? Yes No

If yes, whom? _____

Amount and/or type of assistance? _____

Have you completed a budgeting or Financial Peace University Course? Yes No

If yes, when did you complete it? _____

Home Church if not Grace Bible Church _____ Phone _____

EMPLOYMENT INFO

Employer _____ How Long? _____

Employer's Address _____ City, State, Zip _____ Employer's Phone Number _____

Spouse's Employer _____ How Long? _____

Unemployed? Yes, I'm unemployed. Yes, my spouse and I are unemployed. No

Reason for Unemployment? _____

What bills are you seeking assistance with? (Please attach a copy of the bill.) _____

What has happened to create this need? _____

For Office Use Only _____

Approved Amount _____

Pay to _____

PO # _____

Membership Date _____

Previous Assistance? Yes No

Enrolled in Budgeting Course? Yes No

Completed Budgeting Course? Yes No

Approved By _____

Date _____

INCOME/EXPENSE INFO

Please list all income/expenses for your household, not just the expenses for which assistance is needed. You must provide a copy of the bill(s) for which assistance is requested.

| Type of Monthly Income/Cash Available | Current Monthly Income Amount or amount earned before unemployed |
|---------------------------------------|--|
| Applicant's Wages | |
| Spouse's Wages | |
| Other Members of the Household Wages | |
| Social Security | |
| Disability Benefits | |
| Retirement Benefits | |
| Food Stamps | |
| Unemployment | |
| Child Support | |
| Extended Family Support | |
| Any Other Income | |
| Total Income | |
| | |
| Checking Account Balance | |
| Savings Account Balance | |
| Savings Bonds | |
| Investment Account Balance | |
| Retirement Account Balance | |
| Available Cash as of Today | |

| Monthly Expenses | Expense Amount | Due Date | Check (✓) here if requesting payment of this bill |
|-----------------------|----------------|----------|---|
| Mortgage/Rent | | | |
| Electricity | | | |
| Gas | | | |
| Water | | | |
| Phone | | | |
| Car Payment | | | |
| Cell Phone | | | |
| Gasoline | | | |
| Auto Insurance | | | |
| Home Insurance | | | |
| Health Insurance | | | |
| Groceries | | | |
| School Expense | | | |
| Laundry | | | |
| Clothing/Shoes | | | |
| Medical | | | |
| Prescriptions | | | |
| Cable/Satellite | | | |
| Child Care | | | |
| Child Support | | | |
| Credit Card 1 | | | |
| Credit Card 2 | | | |
| Credit Card 3 | | | |
| Cigarette/ Alcohol | | | |
| Loans (explain) | | | |
| Other | | | |
| Total Expenses | | | |