

Date: _____
Rec'd by _____



FINANCIAL ASSISTANCE APPLICATION

____ In Person ____ By Phone

Initial Contact Date: _____

PERSONAL INFORMATION

Name _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Alternate Phone _____

CHURCH INFORMATION

Are you a member of TWC? __ Yes __ No

Are you a tither at TWC? __ Yes __ No Do you give regularly to TWC? __ Yes __ No

FAMILY INFORMATION

__ Married __ Widowed __ Divorced __ Single __ Separated

If Married: Spouse Name? _____

Do you have children? __ Yes __ No

Are you presently providing financial support for your spouse and family? __ Yes __ No

If no: How are your family's physical needs being met? _____

Have you ever received financial assistance from TWC?

EMPLOYMENT INFORMATION

Are you presently employed? __ Yes __ No

Is your spouse presently employed? __ Yes __ No

If yes:

__ Full Time __ Part-Time __ Self-Employed

How many hours do you work per week? _____

If no:

__ Unemployed __ Retired __ Disability

How long have you been unemployed? _____

INCOME INFORMATION

Please indicate source and amount received per month

Employment (1) \$ _____
AFDC/TANF \$ _____
Food Stamps \$ _____

Employment (2) \$ _____
Disability \$ _____
HUD Housing \$ _____

Unemployment \$ _____
SSI \$ _____
Child Support \$ _____

REASON FOR REQUEST

Please explain the cause or nature of your current hardship?

What steps are you taking to remedy this situation?

Have you sought help from any other churches or social agencies? ___Yes ___No

If yes, briefly explain: _____

Type of assistance requested (All Pages of the Current Bill/Statement must be attached)

<u>Debt</u>	<u>Company</u>	<u>Amount</u>
Mortgage/Rent	_____	_____
Utility - Electricity	_____	_____
Utility - Gas	_____	_____
Utility – Water	_____	_____

NOTICE TO REQUESTER

Please attach copies of the following to this application prior to submission.

1. Monthly expenses (Monthly Budget Worksheet will be provided upon request)
2. All pages of the current statements/bills for which you are requesting assistance. Name of requester has to match the name on the bill.

This financial assistance application is not a contract for assistance, nor is it a guarantee of assistance from TWC. The Financial Assistance Team reserves the right to refer you to an outside/appropriate agency (i.e. JCCEO, Unemployment Office, Welfare Department, etc.).

Your signature below indicates that you understand the following:

1. The Financial Assistance Team reserves the right to follow up on any information provided. The Team will keep all information confidential.
2. The Financial Assistance Team will hold you accountable for taking steps to remedy this situation.
3. Assistance is a gift, not a loan. No gift may be repaid, neither in part or in full, in money or labor.

Signature of Requester

Date

Spouse Signature (if applicable)

Date

OFFICE USE ONLY

Committee Recommendation

<u>Date</u>	<u>Notes</u>
_____	_____
_____	_____

Care Plan

Is applicant willing to participate in financial or personal counseling? ___Yes ___No

Is applicant willing to be held accountable for a plan of care? ___Yes ___No

Committee Action

Approved

Denied

Signatures

Summary of Assistance Rendered

Signature of Primary Worker _____

Printed Name _____

For Office Use:

Date _____

Rec'd _____

Rec'd By _____

Financial Assistance Guidelines

The Worship Center (TWC) is a ministry created to Honor God, Unify Communities, and Build People. Our Financial Assistance Program was developed to provide support, when possible, to those who are unexpectedly experiencing financial hardship. Because providing financial assistance is only part of our giving/generosity each year, in lieu of offering financial assistance, we also offer free financial counseling as well as a list of other local agencies who may be able to assist.

Here Are Some Things You Need To Know:

- Priority for financial assistance is given to members of TWC who have a consistent tithing history.
- Completion of a Financial Assistance Application is required.
- All pages of the bill/statement for which you are requesting assistance must be submitted.
- All information provided will be verified.
- Details of the application will only be discussed with the parties directly involved.
- Assistance can only be requested for mortgage/rent, food, and utilities (Bills, including but not limited to phone, cable, internet, etc. are not considered a necessity by TWC).
- Completion of a TWC financial small group may be required by the Financial Assistance Team.
- All approved assistance will be paid to the vendors. We do not provide cash for any reason.
- Completion of this form is not a contract for assistance, nor is it a guarantee of assistance from TWC.
- TWC will treat you with dignity and respect.
- All financial assistance information is confidential.

Acceptable Reasons For Requesting Financial Assistance:

- Destruction of family residence (i.e. severe damage, due to water, fire, and/or smoke damage or natural disaster, causing the residence to be unlivable or unsafe).
- Loss of significant household income due to:
 - Loss of Employment
 - Unexpected Financial Hardship
 - Death
 - Divorce/Separation
 - Medical Illness

Additional Information:

- Our Financial Assistance Team will not provide help to anyone who, in its estimation, will have negative or irresponsible behavior reinforced by financial help.
- You will be required to meet with the Financial Assistance Chairperson or designee for requests made within two consecutive years.
- Our financial assistance is a gift, not a loan. If approved, the gift should not be repaid, neither in part or in full, in money or in labor.
- You agree to not hold The Worship Center Christian Church responsible for any directives recommended by outside agencies or programs listed on TWC's resource page.

Financial Assistance Guidelines (continued)

GUIDELINES FOR NON-MEMBERS AND NON-TITHERS

The Financial Assistance Team will:

- Provide a list of agencies who may be able to assist. This list is also available on our website @ twccc.org.
- Provide free financial counseling when requested.
- Provide a list of local food pantries.

APPLICATION PROCESS

- Read Financial Assistance Guidelines completely.
- Complete an application. (Note: Applications are reviewed on Wednesdays only.)
- A meeting, either in person or by telephone, will be required. Additional contact may be necessary.
- Notification regarding final status of the application will be provided within 7-10 business days.
- Payment for all approved applications will be made directly to the company, not to an individual.

To continue this process, please:

1. Sign below to indicate you accept and understand the guidelines stated above.
2. Fill out the Financial Assistance Application.
3. Return your monthly expenses, all signed forms and the application to TWC.

This is not a contract for assistance. I understand and accept the terms stated above under which I may seek assistance from The Worship Center Christian Church.

Signature of Candidate for Assistance

Name (please print)

Signature of Spouse (if applicable)

Name (please print)

Date: _____

To avoid any delays, please make sure all documents are attached.