

APPLICATION FOR FINANCIAL ASSISTANCE

It is the intention of the Assistance Committee members to be a resource for people in time of financial stress or crisis. Our true desire goes beyond a band-aid or temporary approach. Through the steps below, our goal is to help people help themselves by developing a long-term financial plan through new skills and disciplines for healthy financial future.

By returning this signed application, you agree to take responsibility for your own financial future through the following steps:

1. Make an appointment to meet with an Assistance Committee member for an initial interview immediately. The purpose of this meeting is to determine your immediate and long-term needs. The more open you are about your situation, the more you help us to help you.
2. After the first interview, a decision may be made concerning your immediate financial needs. This usually involves several Assistance Committee members, and may take some time. Any check written from the Assistance Fund will be written to the company or source to whom the money is owed (e.g. Consumers Energy, your landlord, etc.). You will need to have available a copy of your bill, or name and phone number of your landlord for the Assistance Committee members.
3. Enter into a financial counseling arrangement with an Assistance Committee member or appointed representative. This is to more completely evaluate your situation and to then develop an immediate and a long-term financial plan. This will mean 3-4 sessions over a 2-3 month period (or as needed). Information needed for this step includes: full listing of all current bills, debts (banks, mortgages, credit cards, personal), projected expenses, projected income, most recent tax return, any outstanding bills, debt repayment schedules, etc.

Please realize that the approval of emergency financial assistance takes time, usually several days. Emergencies and financial crises usually take time to develop, and needs usually cannot be met as quickly as desired. The Assistance Committee members wish to meet needs with more than a quick fix approach. Your desire and commitment to receive financial counseling is the most important aspect of your financial future. Any plan requires follow through, self-discipline, and making changes. If this is what you desire, please commit yourself both in prayer and by submitting this signed application to the Assistance Committee or the Pastor.

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____ Date: _____ Amount _____

Reason for request: _____

Your signature

Assistance Committee member's signature

This form is to be kept confidential, and will be maintained with confidential assistance information.