| Da              | ate |
|-----------------|-----|
| Intake Rec'd By |     |

## The Point Church Application for Assistance

The Point Church is bound by scripture and is obligated to be a good steward of the resources given to the church by its members and regular attenders. This application is necessary in order to assure the church is practicing proper stewardship. Dishonesty on this application will forfeit any assistance possibility. Funds for assistance are limited as The Point Church is not a relief organization. Assistance is evaluated on a case by case basis and is dependent on funds available at the time.

| Personal Information Full Legal Name   |  |  |   |
|--|--|--|---|
| Maiden Name (if applicable)  |  |  |   |
|  | City   | State  | Zip   |
|  | Work Phone   |  | _   |
| Do you own an automobile? Yes  |  |  |   |
| •  | Model  |  |   |
| PLEASE NOTE ANY DEADLE gives cash to an individual. Assagency, etc. List the amount ow | food, monetary assistance, job place in the place is paid directly to the elected and to whom below. If you nearly or the most recent utility bill | R UTILITY DISCONN<br>tric company, landlord,<br>ted assistance with rent | ECTIONS! The Point never utility company, collection or utilities, you must provide |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
| What are the reasons for needing   | g assistance?  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
| <u>Demographics</u> Who are your closest relatives a                                   | nd where do they live?   |  |   |
| Have you ever received financia  | l assistance from us before? Yes_  | No WI  | hen?  |
| Are you receiving any aid from   | any government agency? (Food st  | amps, SSI, etc.) Yes   | No  |
| If so, how much and from who?  |  |  |   |

| What is your current <u>household</u> monthly: Inc   | come   | Rent   | Utilities  |
|--|--|--|--|
| Car  | Payment  | Credit C   | Card Payments  |
| Do you have anything of value that could be  | used to pay for thi  | s need?  |  |
| List the names and ages of all people in your  | household  |  |  |
|  |  |  |  |
| When and where were you last employed?   |  |  |  |
| Are you a member of a church? Yes  |  |  |  |
| Do you attend regularly? YesNo _   |  |  |  |
| Which ministry are you serving in?   |  |  |  |
| Do you have any history of addiction or abus   |  |  |  |
| Would you like to receive prayer or counseling   |  |  |  |
| Have you sought assistance from any other a  | gencies (With Lov  | e from Jesus, Durhan   | n Rescue Mission, THE Caring Place,  |
| family, other churches)? Yes No  | If so, where an  | nd when?   |  |
|  |  |  |  |
| Are you willing to attend financial counseling   | g classes to aid in  | the prevention of this   | situation recurring?   |
| of the money that God has entrusted to us. Ke<br>to the best of my knowledge and understand.<br>The Point Church does assist certain individu<br>generally our practice to recommend other or<br>Furthermore, I hereby give The Point Church<br>order to verify the information I have provide | that if any inaccura-<br>uals and families fr<br>rganizations that sp<br>n permission to con | ate information is four<br>com time to time, the becialize in this kind of | nd I will be denied assistance. While benevolence budget is limited and it is of ministry. |
|  | (Applicant's S   | Signature)   |  |
|  |  |  |  |
|  | OFFICE US  | E ONLY   |  |
| Attach - Supporting documentation  | Auth Form  | -  |  |
| Reviewed by  |  |  |  |
| Assistance Given Today - Cash  | Food Pantry  |  |  |
| Approved Not Approved  |  |  |  |
| Date   |  |  |  |
| N  |  |  |  |
| Notes:   |  |  |  |