



APPLICATION FOR ASSISTANCE

Today's Date _____

Note: Pages 1-4 MUST be completed prior to consideration. And a copy of all bills must be provided prior to scheduling an appointment with a member of our Financial Assistance Team. Send completed documents to info@centerpointchurch.com. Applicants must reside in the following zip codes: 76137, 76148, 76182, 76180, 76054, 76118, 76117, 76053, 76022, 76095

PERSONAL INFORMATION:

Head of Household Name _____

D.O.B. _____ DL# _____

Married

Divorced

Single

Living Together

Address _____ Apartment # _____

City _____ State _____ Zip Code _____

How long have you been at current address? _____

Home Phone _____ Cell Phone _____

Email address: _____

Names of others living in your home:

Name:

Relationship:

Age:

EMPLOYMENT:

Currently employed? _____ How Long? _____ Where? _____

If not employed, when and where were your last two job search interviews?

Company Name _____ Company Name _____

Date of Application _____ Date of Application _____

Manager's Name _____ Manager's Name _____

CURRENT INCOME: **PER MONTH:**

My Employment \$ _____
Spouse's Employment \$ _____
Food Stamps (SNAP) \$ _____
TANF (TX Assist Needy Families) \$ _____
WIC (TX Women/Infant/Children) \$ _____
From other family members \$ _____
Total Monthly Income \$ _____

What has caused your current shortage of funds?

What steps have you taken to meet these current needs?

ASSISTANCE REQUESTED (*Attach a copy of the bill(s) to be paid*)

Food	Amount Requested \$ _____	Auto	Amount Requested \$ _____
Utilities	Amount Requested \$ _____	Housing	Amount Requested \$ _____
Medical	Amount Requested \$ _____	Clothing	Amount Requested \$ _____
Counseling	Amount Requested \$ _____	Cell	Amount Requested \$ _____

If "other" for what purposes? _____

Total Amount Requested \$ _____

Note: Center Point policy is not to assist with enhanced optional cell services, late fees, auto payments exceeding \$300 monthly, alimony payments, or to assist individuals whose income is not reported to the IRS. Assistance may be provided no more than twice per 12-month period.

INVOLVEMENT AT CHURCH:

Do you attend Church? __Yes __No If yes, what church? _____

Have you contacted your home church for assistance? __Yes __No

Their response? _____

How did you hear about CPC? _____

Center Point Involvement:

Member (*signed covenant*) Have Visited CPC

Regularly Attend Friend of a member Member's Name? _____

Are you a participant of a Home Team? Yes No Leader's Name _____

MY REFERENCES:

List 2 people who can confirm your current situation and request for help.

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

OUR AGREEMENT:

I understand that by signing below I am authorizing CPC and its authorized representatives to request, share and obtain all information and records, confidential and otherwise, including wants/warrants through the local law enforcement which CPC may deem necessary in order to assist you. I also understand that I am responsible for my financial responsibilities and that the church is not obligated to assist me in any way. I understand that my name, social security number and any other pertinent information may be added to "Charity Tracker" a central database, which is connected with other local churches.

Signature _____ Date _____

MONTHLY INCOME AND EXPENSES

GROSS INCOME PER MONTH	\$		8	Enter./Recreation	\$
Salary		_____		Eating Out	_____
Interest		_____		Baby Sitters	_____
Dividends		_____		Activities/Trips	_____
Other		_____		Vacation	_____
Other		_____		Other	_____
		_____		Other	_____
LESS					
1 Tithe	\$	_____		9 Clothing	\$
2 Tax (est. - Incl.Fed., State, FICA)	\$	_____		10 Savings	\$
NET SPENDABLE INCOME	\$	_____		11 Medical Expenses	\$
3 Housing	\$	_____		Doctor	_____
Mortgage		_____		Dentist	_____
(rent) Insurance		_____		Credit Card	_____
Taxes		_____		Other	_____
Electricity		_____		12 Miscellaneous	\$
Gas		_____		Toiletry, cosmetics	_____
Water		_____		Beauty, barber	_____
Sanitation		_____		Laundry, cleaning	_____
Telephone		_____		Allowances, lunches	_____
Maintenance		_____		Subscriptions	_____
Other		_____		Gifts (incl. Christmas)	_____
Other		_____		Cash	_____
4 Food	\$	_____		Cable/Internet	_____
5 Automobile(s)	\$	_____		Other	_____
Payments		_____		Other	_____
Gas and Oil		_____		13 Investments	\$
Insurance		_____		14 School/Child Care	\$
License/Taxes		_____		Tuition	_____
Maint. /Repair/Replace		_____		Materials	_____
6 Insurance	\$	_____		Transportation	_____
Life		_____		Day Care	_____
Medical		_____		Other	_____
Other		_____		TOTAL EXPENSES	\$
7 Debts	\$	_____		Net Spendable Income	\$
Credit Card		_____		Less Expenses	\$
Loans and Notes		_____			_____
Other		_____		INCOME VERSUS EXPENSES	\$
		_____			_____

FOR OFFICE USE ONLY

(Do not write below this line)

Membership: ___ Covenant Mem ___ Attendee (In System) ___ Non-Member (Not in System)
___ Friend of Mem

Do we have an application on file for this person? ___ Yes ___ No

Have we helped this person before ___ Yes ___ No

List the dates and the help previously offered:

Assistance Offered: Date _____ Amount Offered \$ _____ Paid by _____

Assistance Offered: Date _____ Amount Offered \$ _____ Paid by _____

Copy of this individual's driver license or ID as supporting documents supporting financial need? Yes No

Other Local Resource Information Given? Yes No

Referred them to which local agency? _____

Follow up needed? Yes No

Other notes or comments _____

Today's Recommendation: _____

CPC Representative's Name _____ **Cell** _____