



Financial Assistance Program - Application for Assistance

The Center Point Church Financial Assistance Program provides short-term financial support for active members and regular attenders of Center Point Church, and for individuals referred by our community partners (including Birdville ISD, Mid-Cities first responders, The Bridge, Finding Hope, CarePortal, etc.). Assistance is designed to help with essential living needs during temporary hardship.

Please note that Center Point Church is not set up for emergency same-day assistance. Once your completed application and supporting documents are received, our review process may take 3–5 business days.

SECTION 1 – PERSONAL INFORMATION

Applicant Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Marital Status: Married Divorced Single Living Together Widowed

Names of others in your household (Name / Relationship / Age):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SECTION 2 – EMPLOYMENT INFORMATION

Are you currently employed? Yes No

If yes, where do you work? _____

If no, what caused your current unemployment?

If no, please list at least two places you have recently applied for work:

1. _____ Date: _____

2. _____ Date: _____

SECTION 3 – REQUEST FOR ASSISTANCE

Describe your current financial need and the reason for your request:

What steps have you taken to address this need?

Type(s) of assistance requested (check all that apply):

Utilities Rent/Mortgage Medical Auto Groceries Other:

Total Amount Requested: \$ _____

Please attach copies of related bills or invoices.

SECTION 4 – CHURCH OR COMMUNITY CONNECTION

Are you connected at Center Point Church? Yes No

When is the last time you connected with Center Point Church – in a Home Team, Bible Study, Sunday Worship Service, etc.? _____

Which of these best describes your membership type?

Member Regular Attender Visitor

Were you referred by a community partner, member, or attender? Yes No

If yes, by which organization? _____

SECTION 5 – REFERENCES

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

SECTION 6 – APPLICANT AGREEMENT

I understand that completing this application does not guarantee assistance. Center Point Church may contact me for additional information or refer me to other community resources. All information will remain confidential within the church's financial assistance process.

Signature: _____ Date: _____

SECTION 7 – FOR OFFICE USE ONLY

Applicant Type: Member Attender Partner Referral

Assistance Type & Amount: _____

Payment Made To: _____

Decision Date: _____

Notes / Follow-up Needed: _____