

Assistance Program Application

Category 1

Please read and fill out this application in its entirety

Shepherd Church exists to share the love of Jesus Christ with our community so "that everyone who believes may have eternal life in him." John 3:15. We understand that sometimes people encounter difficult situations in their life. Therefore, in the interest of helping others, we have developed an Assistance Program. The people of our church have given their offering money to our church and we view it as God's money, not ours. Therefore, in order to be wise stewards of these resources, this program must not be used irresponsibly, but rather with loving discernment. Please be aware of the policies below. They are not intended to burden you, but to simply be a responsible way for us to discern needs and use God's resources in a wise, responsible and caring manner.

Process

- Complete this application in its entirety. You must provide copies of bills that you are requesting help with. Failure to provide these
 will result in a delay of any assistance available.
- Return it to Shepherd Church via:
 - o Office Receptionist
 - 19700 Rinaldi St, Porter Ranch, CA 91326 (Attn: Pastor Brian Waller)
 - o assistance@shepherdchurch.com
- Once we review your application you will be contacted to schedule an appointment with a pastor.
- The pastor will discuss your situation with you and determine whether or not assistance can be provided.

<u>Criteria</u>

- Active members and regular attenders of Shepherd Church will be given priority for assistance.
- For those not associated with Shepherd Church, the type of assistance offered is meant to meet basic necessities and is limited to food support as is available.
- Failure to complete this application in its entirety will delay or prevent the review of your request.
- Completion of this application, and meeting with a pastor is NOT a guarantee that assistance will be provided.
- Because of limited resources and the many needs of the community, assistance can only be provided once per year decreasing in amount with each approval.
- Shepherd Church reserves the right to adjust or disapprove an applicant's request based on ineligibility, or the interviewing pastor's prayerful discretion.
- Shepherd Church does not provide long-term financial assistance. The purpose of our assistance program is to provide support in the case of an urgent short-term need. We do not provide assistance with credit card debt, long-term medical needs, childcare, tuition, cell phone, vehicles, taxes, travel fare, storage, fines or legal fees.
- Shepherd Church does NOT provide cash or gas cards.
- You must provide a Driver's License or valid photo ID which will be photo copied.
- Your information will be kept as confidential as possible.



Assistance Application

Applicant's Status	Today's Date & Time	Notes
For Official Use Only		

To be filled out completely by applicant. PLEASE PRINT LEGIBLY IN INK.

Applicant's Information

Applicant's information							
Today's Date				Date of Birth			
Name	First Middle				Last		
Address							
City		State			Zip Code		
Home Phone		Work Phon	e		Cell Phone		
Email							
Driver's License/State ID #							
Married	Single	Sepa	rated	Divorc	ced	Widow/er	

Household Information

nouschold mild mation				
Spouse's Name				
Names of Children	Age			
		_		
Others in your Household	Age	Relation		

Employment Information

2mployment imormation				
Place of Employment	Dates of Employment	Duties	Reason for Leaving	
Is anyone in your household currently employed?				
If not, are they receiving disability benefits or				
unemployment pay?				

Church Information

What is the name of your home church?						
Address						
Phone number						
Pastor's name						
Do you attend regularly?		Y	N	Since?		
Have you contacted your home ch	urch for assistance?	Y	N	Outcome?		
Have you received assistance from assistance received in the spaces l		rganiz	ation	? If yes, pleas	e provide nar	ne and type of
Church/Organization	Phone Number	Туре	of As	ssistance rece	eived	
						_
How did you hear about Shepherd	Church and our assis	stance	nrng	ram?		
Trow and you near about shephere	Charch and our assi.	starree	prog	ruiii.		
Have you previously received assi	stance from Shepher	d Chur	ch?		Y	N
When/What type?	G1 .					
Describe your relationship with Je	esus Christ					
Assistance Being Requested	i					
What type of assistance you are re	equesting?					
VATIL at a see that a see that I had a		·	T			
What are the circumstances that le	ead to your current si	tuatio	II?			
What steps are you taking to improve your current situa			,			

Financial Assessment

Income	Income (Monthly)	Expense	Expense (Monthly)	Past Due Amount
Wage 1 (take home)		Housing		
Wage 2 (take home)		*Car/s		
Unemployment		Electric		
Social Security		Gas		
Disability/VA		Water		
TANF/CalWORKs		Phone		
Food Stamps/CalFresh		Cell Phone		
Retirement		TV/Cable		
Child Support		Internet		
Other Income		Gasoline - car		
Checking Acct. Balance		Auto Insurance		
Savings Acct. Balance		Home Insurance		
		Health Insurance		
		Life Insurance		
		Medical Bills		
		Groceries		
		Dining		
		School Lunches		
		Day Care		
		Child Support		
		School Loans		
		Credit Cards		
		Other Loans		
		(explain)		
		Personal Supplies		
		Club/Gym Memberships		
		Entertainment		
		Church Tithe/Charity		
		Other (explain)		
		outer (enplant)		
TOTAL INCOME			TOTAL EXPENSES	

Release of Information Authorization

I hereby authorize the release of my information to Shepherd Church in order to process the assistance I am requesting.

I understand that Shepherd Church may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

I give permission to Shepherd Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these parameters.

I agree that this document along with the information contained in it become the property of Shepherd Church for the purpose of record keeping.

I certify that the information I have stated above is correct and true at the time of report and that all income has been documented.

I have read, understood, and agree to the policies above.	
Signature	
Print Name	
Date	

For Official Use Only PHOTO COPY OF ID WILL BE ATTACHED

Interviewing Pastor	Assistance Given	Check Number	Date Check
			Mailed
Address check mailed to			
Pastor's Comments			
Receptionist's Comments			

