



Assistance Program Application

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
- Return it to Shepherd Church via:
 - Office Receptionist
 - 19700 Rinaldi St, Porter Ranch, CA 91326 (Attn: Pastor Rick Robledo)
 - 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.

Criteria

- 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 every six (6) months.
- 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 long-term medical needs, childcare, tuition, credit card debt, taxes, travel fare, storage, fines or legal fees.
- Active members and regular attenders of Shepherd Church will be given priority for assistance, however, whenever possible, the needs of those not associated with Shepherd Church will be carefully considered.
- 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.
- Active members and regular attenders of Shepherd Church may be eligible for financial assistance as is available.
- 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.
- Shepherd Church does NOT provide cash.
- 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

Today's Date				Date of Birth	
Name	First	Middle	Last		
Address					
City		State		Zip Code	
Home Phone	Work Phone		Cell Phone		
Email					
Driver's License/State ID #					
Married		Single		Separated	
				Divorced	
				Widow/er	

Household Information

Spouse's Name			
Names of Children	Age		
Others in your Household	Age	Relation	

Employment Information

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 church for assistance?			Y	N	Outcome?		
Have you received assistance from any other church/organization? If yes, please provide name and type of assistance received in the spaces below.							
Church/Organization		Phone Number		Type of Assistance received			
How did you hear about Shepherd Church and our assistance program?							
Have you previously received assistance from Shepherd Church?						Y	N
When/What type?							
Describe your relationship with Jesus Christ							

Assistance Being Requested

What type of assistance you are requesting?	
What are the circumstances that lead to your current situation?	
What steps are you taking to improve your current situation?	

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)		
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			

