

## Cloverhill Church – Financial Assistance Request Form

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of God’s resources, we are concerned with your needs and will maintain confidentiality with your information. By completing this form, you are agreeing to complete the online financial classes within 30 days and request a financial coach. The benevolence program is designed to assist attendees of Clover Hill Assembly of God.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and ages of dependents:

\_\_\_\_\_  
\_\_\_\_\_

This life crisis is a result of (job loss, divorce, health issues, lack of planning, etc.) please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current living situation (rent, own, staying with someone, etc.), please explain: \_\_\_\_\_

\_\_\_\_\_

Family Overview (availability for assistance, parents deceased or struggling financially and unable to help), please explain: \_\_\_\_\_

\_\_\_\_\_

Are you tithing:  Yes  No

Amount requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\_\_\_\_\_

How long have you been attending Clover Hill? \_\_\_\_\_

Do you serve on a team at Clover Hill? \_\_\_\_\_

Have you been through the Financial Peace class offered at Clover Hill?  Yes  No

Are you interested in financial mentoring?  Yes  No

### Primary Applicant

Income:

Take home (net) pay: \$ \_\_\_\_\_

Any other source of income? \_\_\_\_\_

Child support \$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

Monthly housing expense: \$ \_\_\_\_\_  Rent  Mortgage

Other monthly payments:

Auto Loan \$ _____	Other Loans \$ _____
Credit Card \$ _____	Credit Card \$ _____
Electric \$ _____	Water \$ _____
Gas \$ _____	Trash \$ _____
Phone \$ _____	Cable \$ _____

**Spouse (if applicable)**

Income:

Take home (net) pay: \$ \_\_\_\_\_

Any other source of income?

Child support \$ \_\_\_\_\_

Other income (explain) \$ \_\_\_\_\_

Monthly debts not listed above:

Type: \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Approximate Balance \$ \_\_\_\_\_

Type: \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Approximate Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse, if applicable

\_\_\_\_\_  
Date

For office use only:

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount approved: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

\$ \_\_\_\_\_ Payable to: \_\_\_\_\_

\$ \_\_\_\_\_ Payable to: \_\_\_\_\_

By: \_\_\_\_\_

Staff signature

Staff signature