It is our objective at Pathway Church to help you through this time of need. Please fill this application out completely. After receiving the application, **we will review it** and then **later call** to schedule an interview to discuss your need.

Photo ID Here

*PLEASE, continue to seek other means of assistance.*

***False or misleading answers will disqualify your application.***

Date: \_\_\_\_ **/** \_\_\_\_ **/** \_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_\_ **–** \_\_\_\_\_\_\_\_\_\_

 home / work / cellular

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt.: \_\_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_\_ **–** \_\_\_\_\_\_\_\_\_\_

 home / work / cellular

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ q Single q Married q Living Together

Email: q Separated q Divorced q Widowed

List ***EVERYONE*** living in your home (**including yourself** and children):

 Name Date of Birth Gender Relationship Social Security # (*adults*) Vet? Employer Hrs/wk Monthly Income (net)

Total Monthly Income/Assistance:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |
|  |  | M / F |  |  | Y / N |  |  |  |

Does *anyone* in your home receive **monthly** assistance? WIC: q Alimony: $ \_\_\_\_\_\_ Child support: $ \_\_\_\_\_\_ Family: $ \_\_\_\_\_\_

 Food Stamps: $ \_\_\_\_\_\_ Disability: $ \_\_\_\_\_\_ Social Sec.: $ \_\_\_\_\_\_ Housing Assist.: $ \_\_\_\_\_\_ Cash Assist.: $ \_\_\_\_\_\_ Other: $ \_\_\_\_\_\_

Average **monthly** expenses: Housing: $ \_\_\_\_\_\_ (Own / Rent) Electric: $ \_\_\_\_\_\_ Water: $ \_\_\_\_\_\_ Phone(s): $ \_\_\_\_\_\_ Cable/Internet: $ \_\_\_\_\_\_

 Food (not including food stamps): $ \_\_\_\_\_\_ Car Payment: $ \_\_\_\_\_\_ Auto Ins.: $ \_\_\_\_\_\_ Gasoline: $ \_\_\_\_\_\_ Childcare: $ \_\_\_\_\_\_ Medical: $ \_\_\_\_\_\_

What is your most urgent need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount needed: $ \_\_\_\_\_\_\_\_\_ Due date: \_\_\_\_ **/** \_\_\_\_ **/** \_\_\_\_

Monthly Expenses:

Please explain why you are behind in your bills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**~ PLEASE CONTINUE APPLICATION ON REVERSE SIDE ~**

Interview date: \_\_\_\_ **/** \_\_\_\_ **/** \_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Approved: $ \_\_\_\_\_\_\_\_\_

Notes (i.e. decision): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Opportunity for prayer: \_\_\_\_\_\_ Receptive to the Gospel: \_\_\_\_\_\_ Made a decision: \_\_\_\_\_\_

This Box Is For Office Use Only

Check # \_\_\_\_\_\_\_\_\_\_

Issued: \_\_\_\_ / \_\_\_\_\_

 % of FPL Benevolence Ministry October 2019

Have you received financial assistance from anyone in the past year? (*i.e. EOC, Salvation Army, churches, family, etc.*) \_\_\_\_\_\_\_

 NEW EMPL RESP XIAN FCOG

If so, who helped? When? \_\_\_\_\_\_\_\_\_\_\_ With how much? \_\_\_\_\_\_\_\_\_\_

Who? When? \_\_\_\_\_\_\_\_\_\_\_ With how much? \_\_\_\_\_\_\_\_\_\_

Who? When? \_\_\_\_\_\_\_\_\_\_\_ With how much? \_\_\_\_\_\_\_\_\_\_

Who? When? \_\_\_\_\_\_\_\_\_\_\_ With how much? \_\_\_\_\_\_\_\_\_\_

Who? When? \_\_\_\_\_\_\_\_\_\_\_ With how much? \_\_\_\_\_\_\_\_\_\_

Who referred you to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this person a: q friend q relative q BOH q agency representative

Has this church helped you before? \_\_\_\_\_\_ With what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_ **/** \_\_\_\_ **/** \_\_\_\_

If you attend church, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do they know of your need? \_\_\_\_\_\_

How frequently do you attend? q every week q at least once a month q occasionally When was the last time you attended? \_\_\_\_\_\_\_\_

What is your pastor’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact them? \_\_\_\_\_\_Phone #:

Would you be available to volunteer at the church or with a local ministry? \_\_\_\_\_\_ Do you have any limitations?

Would you be interested in free budget coaching to help you get a better grip on your finances? \_\_\_\_\_\_

*By submitting this application, I consent to the Benevolence Ministry of Pathway Church inquiring with my account holders (landlord, utility company, lender, etc.) for the purpose of determining my qualification for assistance.*

**Please Do Not Write Below This Line**

Benevolence Qualifications

q given church referral letter

q given “What Now?” info sheet

q given card for Financial Counseling

* ***False or misleading answers will disqualify your application****.*
* Applicants must be Indian River County residents with an IRC ID/driver’s license.
* Bills to be considered must be in the name of the applicant(s).
* Bills that will NOT be considered:
	+ *Deposits*
	+ *Late Fees*
	+ *Legal Fees*
	+ *Taxes*
	+ *Cable*
	+ *Internet*
	+ *Pet Expenses*

**Documentation required at time of application:**

* Proof of ALL income, such as:
	+ *Pay stub*
	+ *Bank statements*
	+ *SSI award letter*
	+ *Unemployment award letter*
	+ *Workman’s Compensation*
	+ *Food Stamps award letter*
* Verification of SS cards for everyone in household
* Verification of ALL current monthly bills
* Verification of lease/mortgage
* Verification of vehicle registration

***Subsequent requests for assistance MUST come through our budget coaches.***