

Walloon lake Community Church Financial Assistance Application

Please answer all questions on this form to the best of your ability. While we realize that much of this information is personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation and find ways to assist you. This information may be shared with those members of the WLCC Benevolent Committee who will be part of the approval process.

Name: _____ Your age: _____ Today's date: _____

Your status: Married: _____ Divorced: _____ Single: _____ Widow: _____

Your address: _____ How long: _____ years

Social Security number: _____ Home phone: _____

Your present employer: _____ Position: _____

Address: _____ Phone number: _____

Your spouse's employer: _____ Position: _____

Address: _____ Phone number: _____

If unemployed, where did you last work? _____

Date that employment ended: _____

Names and ages of spouse and dependents:

Spouse: _____	Age: _____
Dependents: _____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Amount requested: \$ _____. Reason: _____

_____ When needed: _____

How long have you attended Walloon Lake Community Church? _____

Check one: Member: _____ Regular attendee: _____ Occasional attendee: _____

List a church member who can verify your attendance: _____

Please fill in all of the following information that applies to you. Write N/A if it does not apply. It is important that you be as accurate as possible.

Net Monthly Income from all Sources

Source	Amount
Your normal employment income	
Your spouse's employment income	
Other income (overtime, commissions, etc.)	
Income from other jobs	
Social assistance (food stamps, welfare, HEAP, etc.)	
Rental income	
Other (alimony, child support, disability, SSI, foster children, etc.)	
Total	

Monthly Expenses

Type	Owed to	Monthly amt.	Balance due
Rent / mortgage			
Auto loans			
Personal loans			
Insurance (life, auto, Home, etc)			
Property taxes			
Utilities - heating			
-electric			
-phones/cell			
Credit cards			
Medical, incl. drugs			
Food			
Cable TV			
Childcare			
Internet service			
Other (explain)			
Totals			

Assets

Type	Comments	Value
Checking Accounts		
Savings Accounts		
Investments		
IRAs, annuities, etc.		
Property		
Life Insurance		
Automobiles		
Personal Property		
RV, snowmobile, etc.		
Other (explain)		
Total		

Have you participated in any form of financial counseling? Yes ____ No ____

Please list any other sources of assistance that you have either received or applied for, such as personal loans, parents, family, friends, sale of personal property, other churches, social programs, consumer credit counseling or negotiations with creditors:

Please attach a copy of last year's IRS Form 1040 for each member of your household that filed last year.

By signing below, you acknowledge that some or all of the information you provide may be shared among the pastoral staff at WLCC and the Benevolent Committee members. Further, you consent to having information about your particular situation made available to those individuals who are part of the approval process, or are otherwise helping to assist you. If you agree, please sign below.

Date: _____ Signature of applicant: _____

=====

FOR CHURCH OFFICE USE ONLY:

Name of interviewer: _____ Date: _____

Recommendation: _____

Comments: _____
