



Please fill out this **Financial Assistance Questionnaire** as completely as possible. This information will help us determine how to best assist you as we partner together for God's direction and provision. **Your responses are confidential and will be viewed only by those Care Leaders essential to our process.**

Financial Assistance Questionnaire

Personal Information & Resource Action Steps	
Your Name:	How many adults (18+) live in your home?
Address (include Zip Code):	How many children live in your home (include ages)?
	Other family members that you financially support (include dollar amount/month):
Preferred email address:	Additional personal details affecting your circumstances:
Preferred telephone contact:	
Christ-follower? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home church name & location:	
<input type="checkbox"/> Attendee <input type="checkbox"/> Member How long (mos/yrs)?	Describe how you are actively pursuing spiritual growth (group Bible study, serving, Sunday worship, etc):
Church contact (include telephone) to verify the above:	
Resource Action Steps	
Have you developed a household financial contribution plan for each adult, living with you, who is physically able to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you approached other family members & friends who are financially able to assist you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List state and/or local community assistance programs that you are currently utilizing to help meet your financial needs:	

Household Employment & Other Income Sources: List currently employed household members (you & anyone living with you) & each person's net monthly income (take-home pay). If household members receive financial support from other sources (alimony, charities, child support, family, federal/state/local assistance, etc), list the recipient's name with the amount & type of support.

Name	Net Monthly Income	Name	Other Income Amount & Type
Interviewer's notes for this section:			

Total Monthly Income from All Sources: \$ _____

Household Expenses: Provide the following expense information for each category listed.

Home & Auto	
Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/>	What is your monthly mortgage or rent payment? \$
If you have a mortgage payment, what is the term (e.g., 30 year loan), & how many years have you paid into this mortgage? _____ years	
Have you taken steps to reduce your monthly expenses by moving, selling or negotiating with your landlord/mortgage holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Automobile 1 Make, Model, Year: Paid in full (circle) or monthly payment: \$ Current loan balance: \$	Automobile 2 Make, Model, Year: Paid in full (circle) or monthly payment: \$ Current loan balance: \$
Have you taken steps to reduce your monthly expenses by refinancing automobile loans or selling additional vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interviewer's notes for this section:	

Revolving Loans: Provide the following information for credit card or other revolving loan expenses.

Creditor	Balance Due	Monthly Payment	Past Due Amount

Have you contacted your creditors to request modified payment plans? Yes No

Household Services: List your *average* monthly payment, and provide the other requested information.

Service	Average Monthly Payment	Are you Current?	Least Costly Plan?
Electricity		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heat (gas, oil, etc)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurances:			
Auto		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homeowner/Renter		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Internet (cable, DSL, satellite)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephones (cell, landline)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Television (cable, satellite)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Water		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you contacted utility companies to negotiate budget plans? Yes No

Are you financially contributing to your church or other charitable organizations? Yes No

Total Monthly Expenses from All Sources: \$ _____

Assets & Liabilities:

Assets Account Type	Balance/Amount	Liabilities Account Type	Balance/Amount
Checking		Home loans (mortgage, HELOC, etc)	
Savings		Auto loans	
Retirement (IRA, 401K, 403B, etc)		Medical bills	
Cash value of life insurance policies		Personal loans	
Home equity		Revolving credit	
Other (specify)		Other (specify)	
Total Assets		Total Liabilities	

Additional Interviewer's Notes (other information needed, etc):

Interviewer's Recommendations:

I have prepared this document with information that, to the best of my knowledge, is accurate and complete. I understand that my full cooperation with the Care Leadership Team will result in the best possible assistance for me and my family. **Note: As a condition of assistance, you may be required to contact your utility companies for available budget programs and to take advantage of community assistance programs. You may also be asked to maintain a log detailing your efforts to find employment.**

Signed by: _____ Date: _____

Interviewed/Reviewed by: _____ Date: _____