

* CONFIDENTIAL *

Financial Assistance Request Form

* CONFIDENTIAL *

1 Trinity United Presbyterian Church - Deacon Assistance Fund Ministry

Assistance Request #: Application Date:

Assigned DAF Team Member: Applying as: (check one)
Member or Reg. Attender

2 Please tell us about you and your family:

Name: Home Phone:

Address:

City: State: Zip:

Your Cell Phone# Your E-mail:

Spouse Cell Phone# Spouse E-mail:

How would you prefer to be contacted regarding this request?

Your marital status (select one): Married: Single: Separated
Divorced: Other:

Spouse's first name: Ages & Number of Children at Home:

3 Please tell us about your family's relationship with Trinity:

How long have you been attending Trinity? (mos/yrs)

In what ministry activities do you and your spouse currently participate and serve?

4 Financial assistance is requested for: Approx Total: \$

(food, housing, transportation, medical, or utilities)

5 Have you and/or your spouse received prior financial assistance from Trinity (Y/N)?

If you answered "Yes": Year: Amount: \$

6 Please tell us about the event or series of events that have lead you to make this request:

7 What are your normal monthly expense obligations? \$

Do you rent or own your housing?

8 Have you attempted to negotiate a reduction of your total monthly expenses (Y/N)?

9 Please tell us about your employment and income:

Your Occupation: _____ Full/Part-Time

Spouse Occupation: _____ Full/Part-Time

Your current status: Employed Unemployed Retired

Employer: _____

City: _____

Length of employment: _____

Net Monthly Income when Working:

If retired or unemployed, when did you last work?: Date: _____

Spouse current status: Employed Unemployed Retired

Employer: _____

City: _____

Length of employment: _____

Net Monthly Income when Working:

If retired or unemployed, when did he/she last work?: Date: _____

Other monthly income (Circle all that apply):
(pensions, Social Security, unemployment, child support, etc.)

Total Income (all sources):

10 What other financial resources are available to you?

(Please check all that apply.)

Bank Acct(s) Credit Cards Retirement Acct Home Equity Credit Line

Other: _____
(personal loans, life insurance loans, etc.)

11 Additional information that you feel should be considered by the DAF team in evaluating your request:

12 Would you be open to working with a financial management mentor (Y/N)?

13 Applicant Signature: _____ **Date:** _____

Spouse Signature (if applicable): _____ **Date:** _____