

FINANCIAL CARE MINISTRY
APPLICANT PROFILE



NAME: _____

PLEASE PRINT AND USE BLACK INK

REQUEST FOR ASSISTANCE

1. What are your immediate needs?

2. What are the circumstance that have led up to you having a financial need?

3. What steps are you taking to overcome the situation?

PERSONAL INFO & DEPENDENTS (COLOR PHOTO ID REQUIRED)

Last Name: _____ First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ ZIP: _____

Contact Phone #: _____ Alternate #: _____

Best time to reach you? _____ Email: _____

☐ M ☐ F Birthdate (MM/DD/YYYY): _____ Age: _____

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse's Name: _____ ☐ M ☐ F DOB: _____ Age: _____

Dependent's Names: (Include name, sex, birthdate, age and select if they are currently living at home with you.)

Name	Sex	DOB	Age	At Home?
_____	M/F	_____	_____	Y/N
_____	M/F	_____	_____	Y/N
_____	M/F	_____	_____	Y/N
_____	M/F	_____	_____	Y/N
_____	M/F	_____	_____	Y/N

Additional person(s) currently living in household?

Name: _____ Relation: _____ M/F DOB: _____

Name: _____ Relation: _____ M/F DOB: _____

APPLICANT EMPLOYMENT (Please provide last two check stubs from current employer)

Present Employer: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Position and Job Description: _____

Employment Dates: _____ to _____ Current income: _____

Reason for leaving/termination: _____

**FINANCIAL CARE MINISTRY
APPLICANT PROFILE**



SPOUSE'S EMPLOYMENT (Please provide last two check stubs from current employer)

Present Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ ZIP: _____
Position and Job Description: _____
Employment Dates: _____ to _____ Current income: _____
Reason for leaving/termination: _____

ASSISTANCE/ADDITIONAL INCOME

Have you received any assistance from any church, ministry or agency in the past 6 months?

☐ Yes ☐ No If yes, please provide the information below:

Date(s) of assistance: _____ From Whom? _____ Amt. \$ _____
Date(s) of assistance: _____ From Whom? _____ Amt. \$ _____
Date(s) of assistance: _____ From Whom? _____ Amt. \$ _____

Please list all other source(s) of income and the amounts you receive (i.e. child support, disability, etc.)

Amount \$ _____ Source _____
Amount \$ _____ Source _____
Amount \$ _____ Source _____

CHURCH RELATIONS

Are you currently in a small group? If so, leader's name? _____

If not currently in a small group, have you previously been in one? ☐ Yes ☐ No

If yes: Leader's Name: _____ Date last attended: _____

Does your spouse (if married) attend a men's/women's group? ☐ Yes ☐ No

If yes: Leader's Name: _____ Date last attended: _____

Are you currently serving in the church? ☐ Yes ☐ No If yes, where: _____

If not serving but have in the past when and where did you serve? _____

What ministry team(s) do the members of your family serve on? _____

Is there a Northlake pastor/elder/staff member you communicate with that could be a reference? _____

Would you like to speak to someone about financial care offered at Northlake? ☐ Yes ☐ No

AGREEMENT

My (Our) agreement with Northlake Church:

I (We) understand that Northlake including the Financial Care Ministry staff/volunteers will attempt to assist me (us) and Northlake does not make any representations or warranties with respect to their qualifications, referrals to third parties, or the results of my finances or other issues.

I (we) further understand and acknowledge that Northlake and the Financial Care Ministry staff/volunteers will not allow the undersigned to participate in this activity without releasing and holding harmless the Church.

X _____ Date: _____

X _____ Date: _____