

## **GPCC - Request for Financial Assistance**

Last updated 3/22/2018

---

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of God's resources, we are concerned with your needs.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Resided: \_\_\_\_\_ Rent: \_\_\_ Own: \_\_\_

Phone: \_\_\_\_\_ (home/mobile) Date of Birth: \_\_\_\_\_

Names, relation and ages of people living in household: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If unemployed, list the last two places you have worked or applied for worked and the dates:

\_\_\_\_\_

\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Please list other sources of assistance that you have sought (parents, family, loans, sale of personal property, social programs, consumer credit counseling agency, creditors).

\_\_\_\_\_

\_\_\_\_\_

Are you willing to attend financial counseling? Yes \_\_\_ No \_\_\_

Are you willing to receive spiritual counseling? Yes \_\_\_ No \_\_\_

Anything we should know to help us make this decision? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This is provided with the understanding that GPCC is not rendering legal, accounting, or other professional advice or service. We will keep all information in strict confidence. Professional advice on specific issues should be sought from an accountant, lawyer or other professional.*

## Financial Information

Take-Home Monthly Income (Please be as specific as possible)	
Source	Amount
Employment Income	
Overtime Bonus, Commission	
Social Assistance (Food Stamps, Welfare, HEAP, etc.)	
Rental Income	
Other (Alimony, Child Support, etc.)	
<b>Total:</b>	

Monthly Expenses (Please be as specific as possible)			
Type	Owed/Paid to	Remaining Amount Owed	Monthly Payment
Rent/Mortgage			
Auto Payment			
Auto Gas/Maint.			
Insurance			
Food			
Clothing			
Utilities: Heating			
Electric			
Phone			
Other:			
Other:			
Other:			
<b>Total:</b>			

**Other assets** (savings, investments, etc): \_\_\_\_\_

**Other debts:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Name of interviewer \_\_\_\_\_ Date: \_\_\_\_\_ Date help given: \_\_\_\_\_

Signature of interviewer \_\_\_\_\_

Comments/Recommendation: \_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_