

Assistance Program Application

Please read this first page in its entirety. Then, fill out the application in its entirety. Thank you

Shepherd Church exists to share the love of Jesus Christ with our community so "that everyone who believes may have eternal life in him." John 3:15. We understand that sometimes people encounter difficult situations in their life. Therefore, in the interest of helping others, we have developed an Assistance Program. **The people of our church have given their offering money to our church and we view it as God's money, not ours**. Therefore, in order to be wise stewards of these resources, this program must not be used irresponsibly, but rather with loving discernment. Please be aware of the policies below. They are not intended to burden you, but to simply be a responsible way for us to discern needs and use God's resources in a wise, responsible and caring manner.

Process

Complete this application in its entirety. Failure to complete application in its entirety will result in a delayed process for you.

You must provide copies of bills that you are requesting help with. If assistance with rent is needed, any paperwork signifying what you pay in monthly rent will be needed. Failure to provide these will result in a delay of any assistance available.

*** Please note: Shepherd Church does not process applications and give funds inside of the first 72 hours ***

Return completed application to Shepherd Church via: Mail: Office Receptionist (Care Team / Benevolence) 19700 Rinaldi St, Porter Ranch, CA 91326

Email: assistance@shepherdchurch.com

Once we review your application you will be contacted by a pastor. The pastor will discuss your situation with you and determine whether or not assistance can be provided.

<u>Criteria</u>

- Active members and regular attenders of Shepherd Church will be given priority for assistance.
- For those not associated with Shepherd Church, the type of assistance offered is meant to meet basic necessities and is limited to food support as is available. Assistance is not guaranteed.
- Failure to complete this application in its entirety will delay or prevent the review of your request.
- Completion of this application and meeting with a pastor **is NOT a guarantee** that assistance will be provided.
- You must provide copies of bills that you are requesting help with. If assistance with rent is needed, any paperwork signifying what you pay in monthly rent will be needed. Failure to provide these will result in a delay of any assistance available.
- Shepherd Church does not process applications and give funds inside of four (4) business days.
- Because of limited resources and the many needs of the community, **assistance can only be provided once per year** decreasing in amount with each approval. If you have not already taken a biblical financial course at our church, upon availability, a scholarship will be offered for you to take one of our financial/money management courses taught at Shepherd Church.
- Shepherd Church reserves the right to adjust or disapprove an applicant's request based on ineligibility, or the interviewing pastor's prayerful discretion.
- Shepherd Church **does not provide long-term financial assistance**. The purpose of our assistance program is to provide support in the case of an urgent short-term need.
- We do not provide assistance with:
 - Credit Card Debt
 - Long-Term Medical Needs
 - Childcare
 - o Tuition
 - o Cell Phone
 - o Vehicles
 - o Taxes
 - o Travel Fare
 - o Storage Fees
 - o Fines
 - Legal Fees
- Shepherd Church does NOT provide cash or gas cards.
- You must provide a Driver's License or valid photo ID which will be photo copied.
- Your information will be kept as confidential as possible.

Please initial stating you have read and understand the criteria for financial assistance to be given/allocated at Shepherd Church

X:_____



Assistance Application

Applicant's Status	Today's Date & Time	Notes
For Official Use Only		

To be filled out completely by applicant. PLEASE PRINT LEGIBLY IN INK. Applicant's Information

Today's Date				Date of	Birth		
Name	First Middle		Last				
Address							
City		State			Zip Code		
Home Phone	Work Phone Cell Phone						
Email							
Driver's License/State ID #							
Married	Single	Sep	parated	Divorc	ed	Widow/er	

Household Information

Spouse's Name		
Names of Children	Age	
Others in your Household	Age	Relation

Employment Information

Place of Employment	Dates of Employment	Duties	Reason for Leaving
Is anyone in your household currently employed?			
If not, are they receiving disability benefits or unemployment pay?			

19700 Rinaldi Street Porter Ranch, CA 91326 818.831.9333 818.831.9973 Fax shepherdchurch.com

Church Information

What is the name of your home chur	ch?					
Address						
Phone number						
Pastor's name						
Are you a member of this church?		Y	Ν			
Do you attend regularly?		Y	Ν	Since?		
Have you contacted your home chure		Y	Ν	Outcome?		
Have you received assistance from a		ization	? If ye	s, please prov	ide name and typ	be of
assistance received in the spaces be	Phone Number	Tuno	of A o	aiatanaa raaai	uad	
Church/Organization	Phone Number	туре	OI AS	sistance recei	veu	
How did you hear about Shepherd Cl	hurch and our assistan	ce prog	ram?			
Have you previously received assista	ance from Shenherd Ch	urch?			Y	N
When/What type?					'	N
Describe your relationship with Jesu	s Christ					

Please describe your journey at Shepherd Church. Please include areas of serving you've participated in and if you are in a Life Group. Also list out if members of your household participate in Shepherd Church ministries such as Shepherd Youth.

Assistance Being Requested

In the box below, please share the dollar amount you are seeking for in assistance and what it is for (Rent, bill to pay, groceries, etc.). This helps us determine how Shepherd Church can best assist you.

What steps are you taking to improve your current financial situation?

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Financial Assessment

Please use this budget sheet to share how 1 months' worth of expenses flow in and out of your household

Income	Income (Monthly)	Expense	Expense (Monthly)	Past Due Amount
Wage 1 (take home)	,	Housing		
Wage 2 (take home)		*Car/s		
Unemployment		Electric		
Social Security		Gas		
Disability/VA		Water		
TANF/CalWORKs		Phone		
Food Stamps/CalFresh		Cell Phone		
Retirement		TV/Cable		
Child Support		Internet		
Other Income		Gasoline - car		
Checking Acct. Balance		Auto Insurance		
Savings Acct. Balance		Home Insurance		
		Health Insurance		
		Life Insurance		
		Medical Bills		
		Groceries		
		Dining		
		School Lunches		
		Day Care		
		Child Support		
		School Loans		
		Credit Cards		
		Other Loans		
		(explain)		
		Personal Supplies		
		Club/Gym		
		Memberships		
		Entertainment		
		Church Tithe/Charity		
		Other (explain)		
TOTAL INCOME			TOTAL EXPENSES	

Release of Information Authorization

I hereby authorize the release of my information to Shepherd Church in order to process the assistance I am requesting.

I understand that Shepherd Church may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

I give permission to Shepherd Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these parameters.

I agree that this document along with the information contained in it become the property of Shepherd Church for the purpose of record keeping.

I certify that the information I have stated above is correct and true at the time of report and that all income has been documented.

I have read, understood, and agree to the policies above.

Signature

Print Name

Date

For Official Use Only	PHOTO COPY OF ID WILL	BE ATTACHED
		DEMINONED

Interviewing Pastor	Assistance Given	Check Number	Date Check Mailed
Address check mailed to			
Pastor's Comments			
Receptionist's Comments			



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