



## Application for Assistance

### Applicant Information

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

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

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

Employer, Employment History: \_\_\_\_\_

Family Information: \_\_\_\_\_

Others Contacted for Assistance: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Please attach a copy of Drivers License (or other picture ID) if not a TCCC member or regular attendee.

### Statement of Need

1. What form of assistance are you seeking? Financial, Food, Housing, Other (Please explain below).  
\_\_\_\_\_

2. What circumstances have created your need?  
\_\_\_\_\_

### Duration of Need

1. How long do you expect to need assistance (e.g., 1 month, 3 months, etc.)? \_\_\_\_\_

2. How frequently do you expect to need assistance (e.g., one time, monthly, etc.)? \_\_\_\_\_

3. How much assistance are you requesting at this frequency? \_\_\_\_\_

### Brief Summary of Financial Status

1. What is your current monthly income? \_\_\_\_\_

2. What is the value of your total current assets (such as Cash/Checking/Savings Accounts, CD's / Investments and Other Assets, but not including any living necessities such as a house, vehicle, medical equipment or household furnishings)? \_\_\_\_\_

3. What is the value of your current outstanding debts (such as Mortgage, Credit Cards, Auto Loans, Student Loans and Other Debts)? \_\_\_\_\_

4. What options are available to you for support/assistance from family members? \_\_\_\_\_

5. What type of assistance, if any, do you currently receive? \_\_\_\_\_

6. What other information would you like to communicate to the Love Fund Committee that may help us to better evaluate your situation? \_\_\_\_\_

(Please feel free to attach additional sheets or other documentation you think may be helpful to the Love Fund Committee. Please attach copies of all bills where assistance is being requested)

### Request for Supporting Documentation

The Love Fund Committee (LFC) is charged with the Biblical stewardship and oversight of money donated to the Love Fund. Therefore, a reasonable degree of verification of the self-reported financial situation of applicants is necessary. This information, along with the foregoing application, shall be kept in strict confidence by the LFC, and shall not be released to anyone without the consent of the applicant.

*I understand that funds from the Fund are disbursed at the discretion of the LFC, in accordance with the Policy and the Biblical principles listed therein, and are dependent upon money being available in the Fund. I also understand the LFC may re-evaluate my situation at any time.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_