

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

Updated 6/29/2019

Brief Description of need:

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### READ BEFORE COMPLETING APPLICATION

In order to understand you and your needs, please answer the following questions as thoroughly as possible. The better we know you and your situation, the more accurately we will be able to determine what kind of help we might be able to provide. Before any financial assistance can be provided for those who are not a regular part of our church family, this form must be completed. Once the form has been reviewed, someone from the church will be in contact with you.

\*\*In addition to this form, we will need to make a copy of your drivers license or photo ID.\*\*

### Personal Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

Alternate Phone:

Email

Driver's License/  
ID number:

Birth Date:

Marital Status:

Spouse's Name:

Children (name  
and age):

### Questions

Who Referred you to us? (name and #) \_\_\_\_\_

Have they already or are they willing to provide you personally with assistance? \_\_\_\_\_

How? \_\_\_\_\_

What events do you feel lead to your needing assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving help from the government, a local agency, a friend, family, or another church? Please explain what assistance and from whom. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?  YES  NO  
If employed, where and what are your current wages? \_\_\_\_\_  
If not employed, are you looking for employment?  YES  NO  
If not employed, what was your last date of employment? \_\_\_\_\_  
If not employed, reason for leaving last job? \_\_\_\_\_  
What type of job are you looking for? \_\_\_\_\_

Do you have any resources or skills you can personally use to provide for your own needs?  YES  NO  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have family in the area?  YES  NO  
If yes, are they able to provide any help?  YES  NO  
Are they Christians?  YES  NO  
Please list one or two family members (name and number) whom we may call to help us better understand your circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken personally to improve your present situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a physical or mental or any other reason that prevents you from working and providing for your own needs?  
 YES  NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you struggle with drugs, alcohol, tobacco use, or any other addictions that might limit you from meeting your financial needs?  
 YES  NO If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you making lifestyle choices that pull resources away from the basic needs of life... things that you spend money on that do not fit in the food, clothing, shelter, medical needs category?  YES  NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to participate in a self-help program?  YES  NO

Please check all that apply:

- Rent  Own  Homeless  Staying with friend/ family
- Have access to a car  Have phone
- Registered sex offender  felony/ warrant out for arrest

When asking for help from our church, what are your expectations or hopes? Exactly what type of assistance would you like to receive from the church and for how long do you think you might need this assistance.

Please be specific:

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Do you have a personal relationship with Jesus?  YES  NO

If yes, please share with us who Jesus is, what he means to you and how He is helping you through this difficult time:

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If you answered NO to above, would you like to talk with someone about who Jesus is and how you can have a relationship with Him.  YES  NO

God sent His only Son to this world to take the punishment for our sins, to heal our brokenness, and to give us new life. Would you like to know more about this?  YES  NO

When we die, we will all spend forever in one of two places... HEAVEN or HELL. Would you Like to know for sure where you will spend forever?  YES  NO

Did you know God loves you and always has? He sees past the messes we've made and says come to me. You are more valuable than you know. You are His treasure, the object of His love. Would you like to know more about how much God loves you?  YES  NO

## **Applicant Information Release Form**

In connection with my application for financial assistance, in order to verify my need for assistance and to assist me in finding and/or receiving financial assistance, I hereby agree as follows:

I hereby authorize any Pastor, Elder or Deacon of The Branch Church, located in New Philadelphia, Baltic, and Strasburg, Ohio, to disclose in good faith any information as written by myself on this form.

I hereby authorize any Pastor, Elder or Deacon of The Branch Church, located in New Philadelphia, Baltic, and Strasburg, Ohio, to use the information contained in this form to speak on my behalf to the government, local agencies, friends, families, or other churches.

I hereby authorize any Pastor, Elder or Deacon of The Branch Church, located in New Philadelphia, Baltic, and Strasburg, Ohio, to receive in good faith any of my personal information from the government, local agencies, friends, families, or other churches, as it pertains to my attempt to receive any form of financial, physical, food, housing, medical, or mental assistance.

Applicant Name \_\_\_\_\_

Applicant signature and date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness signature and date : \_\_\_\_\_