

Date: _____

PLEASE FILL OUT FORM COMPLETELY AND TRUTHFULLY

(false or misleading information will result in an automatic denial of assistance)

Name: _____ Social Security# _____ - _____ - _____ Age _____ Sex: _____
Address: _____ City: _____ Zip _____ Phone _____
(H): _____ Work: _____ Cell: _____

FAMILY INFORMATION: (CIRCLE ONE)

Single – Married - Separated - Divorced - Widow(er)

Spouse's Name: _____

Date of marriage _____ County or City and State of Marriage: _____

Social Security# _____ - _____ - _____ Age _____ Sex: _____

Are you currently living with your boyfriend, girlfriend, or fiancé, but not married? _____

(We believe that living with someone out-of-wedlock, if you are in a sexual or romantic relationship, does not honor God because it breaks the laws that He has given us to follow in the Bible. We may still be willing to help you, but we may request that you, or your partner move out, or that you marry one another prior to us giving any help.)

HOUSEHOLD INFORMATION: (CIRCLE ONE)

Rent Own Live With Parents Live With Relatives Live With Friends

List the names and ages of the children who live with you that you support:

- 1. Name: _____ Age: _____ Relationship: _____
- 2. Name: _____ Age: _____ Relationship: _____
- 3. Name: _____ Age: _____ Relationship: _____

Are you currently ordered to make child support payments for any children who do not live with you? _____

Are you current on all of your payments? _____. How far behind are you on your payments? _____

Do you **receive** child support payments for any of your children? _____ How much per month? _____

Do you receive any other form of government assistance for your children? _____ (Social Security, TANF, Medicaid)

If so, what type, and how much do you receive in benefits per month? _____

List the other members of your household (Who else lives with you besides your children?)

- 1. Name: _____ Age: _____ Relationship: _____

How long? _____ Employment/Income: _____

- 2. Name: _____ Age: _____ Relationship: _____

How long? _____ Employment/Income: _____

(List additional members of household on back of this page)

CRIMINAL HISTORY:

Are there any warrants for your arrest that are active at this time? _____

Have been convicted of a crime or placed on deferred adjudication probation in the last 10 years? _____
Are you currently on probation or parole? _____ When will you be "off paper?" _____
Are you behind on your probation or parole payments? _____ Explain: _____
Can we contact your probation officer? _____ Would you be willing to give us their name and contact info? _____
May we run a criminal background check on you? _____
(we may request a background check on other members of your household prior to giving any assistance)

EMPLOYMENT INFORMATION:

Are you currently employed: _____ If YES, Where: _____ How Long? _____
Work address: _____
Work Contact Person and Phone number: _____
If NO, how long have you been unemployed: _____
Were you unemployed before you acquired your present position? _____ If YES, how long?: _____
Please list any significant illness, injuries, or handicaps that prevent you from working: _____
Are you disabled? _____ If so, what is your disability? _____
Is your disability temporary or permanent? _____
Are you currently receiving disability benefit payments from any source? And if so, how much per month \$ _____
Is your spouse employed?: _____ If YES, where? _____ How Long? _____
If NO, how long has he/she been unemployed? _____
Are any of the people who live with you employed? _____ If YES, where? _____

BENEVOLENCE REQUEST:

Please describe in detail the circumstances that prompted you to seek help from the church: _____

What is your request of the Church? (we will not pay any bills that are not in the applicant's name)

What steps have you taken to resolve your current need before coming to the church? _____

TRANSPORTATION:

Do you have access to a vehicle? Yes No Public Transportation Rely on Others for Rides

Do you have safety seats/booster seats for your children? Yes No

Do you have a valid driver's license in Texas or Arkansas? Yes No

Why is your driver's license suspended? _____

What steps have you taken to have your license reinstated? _____

How much do you currently own in surcharges or reinstatement fees? _____

SPIRITUAL INFORMATION:

Is First Baptist Church Wake Village YOUR home church: Yes___ No___ If YES, how long? _____

If NO, what is your home church: _____ Location: _____

Pastor: _____ Phone Number: _____

Why is your church not willing to help you? _____

How many times per month do you attend church? _____ What Days? _____

In your opinion, who is Jesus Christ? _____

Do you know a pastor or someone else here at FBC Wake Village? _____ If YES, please list: _____

HEALTH INFORMATION:

Rate your health: Very Good___ Good___ Average___ Poor___

Do you have a doctor? ___ Name of Doctor _____

Do you take regular medications for which you do not have a current prescription? _____

Describe your tobacco usage:

How many dollars per week do you spend on cigarettes? \$ _____ (be honest)

Describe your alcohol usage:

How many dollars per week do you spend on beer/liquor/other alcoholic beverages? \$ _____ (be honest)

Illegal Drug/Habit Forming Drug Issues:

Do you have a problem with illegal drugs or habit forming drugs that needs to be addressed with rehabilitation? _____

PERSONAL ASSISTANCE:

Do you receive Government assistance: Yes___ No___ If YES, please list source and amount below:

Social Security: \$ _____ Food Stamps: \$ _____ SSI \$ _____

Unemployment Compensation: \$ _____ Welfare: \$ _____

Workman's Compensation: \$ _____ Other: \$ _____

What churches/agencies have you contacted for assistance in the past? _____

What type of assistance did you receive? _____

Have you been helped by the Friendship Center in any way in the past? _____

Why are there no family members available to help you? _____

Have you been helped by our Benevolence Ministry before? _____ When? _____ What Help? _____

REFERENCES (please list two character references that we can contact)

1. Name: _____ phone _____ relation _____

2. Name: _____ phone _____ relation _____

I declare that the information that I have provided on this document, and the information is true and correct:

Signature _____

Date _____

INTERVIEW NOTES:

INCOME AND EXPENSES:

**Recent Friendship Center History
Office Use Only (Leave Blank):**

Your Monthly Income (all sources)

Employment
 Job 1 (Take home pay) \$ _____
 Retirement \$ _____
 Spouse
 Job 1 (Take home pay) \$ _____
 Retirement \$ _____
 Child Support \$ _____
 Social Security/Disability \$ _____
 Rent Assistance \$ _____
 Other \$ _____

TOTAL MONTHLY INCOME \$ _____

Your Monthly Expenses:

Rent	\$ _____	prepaid cell phone	\$ _____
Mortgage	\$ _____	Cable TV	\$ _____
Taxes	\$ _____	Day Care	\$ _____
Car Payment(s)	\$ _____	Child Support	\$ _____
Auto Insurance	\$ _____	Furniture/Appliances	\$ _____
Health Insurance	\$ _____	Credit Cards	\$ _____
Life Insurance	\$ _____	School Loans	\$ _____
Electricity	\$ _____	Bank Loans	\$ _____
Gas	\$ _____	Finance Co. Loans	\$ _____
Water	\$ _____	Memberships	\$ _____
Groceries	\$ _____	Eating Out	\$ _____
Personal Hygiene	\$ _____	Miscellaneous	\$ _____
Probation	\$ _____	Other	\$ _____
Internet Service	\$ _____		

TOTAL MONTHLY EXPENSES: \$ _____

Balances of what I/we owe:

Mortgage	\$ _____	IRS Debt	\$ _____
Home Equity Loan	\$ _____	Bank Loan	\$ _____
Taxes	\$ _____	Finance Companies	\$ _____
Insurance	\$ _____	Furniture/Appliances	\$ _____
Credit Card	\$ _____	Car Loan(s)	\$ _____
Department Store	\$ _____	School Loans	\$ _____
Gas Card(s)	\$ _____	Other Loans	\$ _____
Other Credit Cards	\$ _____	Other Loans	\$ _____

Do you own any money towards a high interest loans that you received over the internet, a private loan company, a check cashing company or other loan company? _____ Please describe your debt situation _____

TOTAL DEBT: \$ _____

What I Own & Balances:

Checking Account(s)	\$ _____	Car (Yr _____ Mk _____)	\$ _____
Saving Account(s)	\$ _____	Car (Yr _____ Mk _____)	\$ _____
Insurance (Cash Value)	\$ _____	Money Market Funds	\$ _____
Home (Market Value)	\$ _____	Certificates of Deposit	\$ _____
Other Property (Market)	\$ _____	IRA/Retirement Funds	\$ _____
Mutual Fnds/Stocks/Bond	\$ _____	Other	\$ _____

TOTAL ASSETS \$ _____

**Signature _____
(the information provided is correct)**