

New Baden United Methodist Church Financial Assistance Information Sheet

WHO IS ELIGIBLE FOR ASSISTANCE?

New Baden United Methodist Church (NBUMC) has established a Special Needs Fund for the purpose of providing financial assistance to its members and regular attendees, and residents of New Baden, Illinois. We are a small church with limited funds, so we can only assist with short-term and emergency needs. We cannot provide long-term or repeated assistance. We also cannot assist with bills more than 60 days in arrears, unsecured loan payments, legal fees, tuition expenses, credit card debt, late fees, or any other expense that is not an objectively verified need.

STEPS TO APPLYING FOR ASSISTANCE

1. Complete the application and sign it.

Attach photocopies of the following documents:

All applicants

- a. Government issued photo ID, such as driver's license, identification card, passport, etc.

Everyone applying for any type of assistance other than a gas card of \$50 or less

- b. Current bank statements, unemployment or Social Security statements, or pay stubs to verify income for every adult living at your address.
- c. Current bills that you want considered (due in the current month), showing the exact amount due, account number, and name and address of the payee.
- d. Your lease agreement, if you are requesting rent assistance.

2. Call the church office at (618) 588-3588 to make an appointment to deliver your application.

3. Expect to wait.

It takes at least 2-3 days to evaluate and process your application. During this period, you will not hear from us, nor can we answer questions. Once we have reviewed your application, we will contact you.

4. Follow the instructions you are given.

You may be asked to meet with someone to discuss budgeting or be referred to other agencies or ministries to assist you with your need. Please be on time for any appointments. Be prepared for any probing, potentially uncomfortable questions you may be asked about your personal situation and spending habits. We ask these questions not to embarrass you, but to determine the best way to help you gain more financial stability.

5. You will be notified.

If it is determined at any point in the process that Special Needs cannot provide assistance, you will be notified that "Special Needs cannot assist you at this time." No further information will be given. At no point in this process do we promise or guarantee that assistance will be provided to you. Any assistance will be in the form of a check made out to the vendor, landlord, or other service provider – not to you. No cash or gift cards will ever be given. Assistance with gasoline will be in the form of a prepaid gas card, which will only be delivered in person to the person requesting assistance.

Payment checks will be mailed to the service provider, not delivered in person, so you must allow time for the check to arrive in the mail. We will not be responsible for late payment fees, discontinuation of services, or eviction due to late payment of bills.

**New Baden United Methodist Church
Financial Assistance Application**

If you are applying for only a gas card of \$50 or less, please fill out pages 2 and 3. All others, please skip to page 4.

PERSONAL INFORMATION

Name _____ Today's Date _____
Address _____ City _____
State _____ Zip Code _____ Email address _____
Phone: Home _____ Work _____ Cell _____

EMPLOYMENT INFORMATION

What is the current monthly income for your household? Include all sources of income. _____

If you are currently unable to work, please state why: _____

STATEMENT OF NEED

What denomination gas card do you need? \$25 \$50 When do you need it? _____

What is the purpose of your trip? _____

What is your destination? _____

When are you available to receive the gas card? _____

Have you contacted any other agencies or individuals about giving you a ride? Yes No

If YES, please list them here along with the status of your request (approved, denied, pending, etc.):

1. Agency:		
Person contacted:	Phone:	Status:
2. Agency:		
Person contacted:	Phone:	Status:
3. Agency:		
Person contacted:	Phone:	Status:

If you are over age 60, you may qualify for free rides through Christian HomeCare Services. Please contact Becky Kinzel, Transportation Coordinator, at transportation@chcsinc.org or 618-537-9590, ext. 100 for information.

What is the crisis or situation that has caused you to ask for assistance? _____

What steps have you taken to resolve the situation? _____

If assisted by NBUMC, how will you continue to pay for gas for your vehicle? _____

Have you or anyone in your household received financial assistance from NBUMC in the past year? If so, who, when, and how much? _____

RELEASE INFORMATION

I hereby authorize the release of information to New Baden United Methodist Church (NBUMC) for the purpose of evaluating my request. I further certify the information I have stated is true and correct and that all income is reported. I understand NBUMC may obtain any information deemed necessary to verify the information on this application and that false or incomplete information may subject me to denial of assistance and/or disqualification of future assistance.

I give permission for NBUMC to discuss my case with any other agencies, businesses, churches, or individuals 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 entities.

I UNDERSTAND THAT THE INTERVIEW PROCESS MAY INVOLVE POTENTIALLY UNCOMFORTABLE QUESTIONS AND ANALYSIS OF MY SITUATION AND SPENDING HABITS. I FURTHER UNDERSTAND THAT COMPLETING AN APPLICATION AND BEING INTERVIEWED DOES NOT GUARANTEE THAT ASSISTANCE WILL BE PROVIDED.

I have read, understood, and agreed to the policies above as stated.

Signature _____

Date _____

For office use only:

Reviewed by: _____

Date: _____

Reviewed by: _____

Date: _____

Action taken: _____

**New Baden United Methodist Church
Financial Assistance Application**

If applying for any type of assistance other than a gas card of \$50 or less, please fill out pp. 4-7.

PERSONAL INFORMATION

Name _____ Today's Date _____

Address _____ City _____

State _____ Zip Code _____ Email address _____

Phone: Home _____ Work _____ Cell _____

List everyone currently living in your home besides yourself. Attach a separate page if necessary.

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

EMPLOYMENT INFORMATION

Please list your and your spouse's present/past employment.

	Place of Employment	Dates of Employment	Current or Previous	Reason for Leaving
You				
You				
Spouse				
Spouse				

Please list current employment of other adults in your household.

	Individual's Name	Employer	Dates of Employment	Reason for Leaving
1.				
2.				
3.				
4.				

If you are currently unable to work, please state why: _____

CHURCH AFFILIATION

How did you hear about NBUMC? _____

Who referred you for assistance? _____

Church Affiliation: NBUMC member/attendee Attend other church No church affiliation

Name of church if attending elsewhere _____

Have you applied for assistance there? _____ When? _____ Did they assist? _____

If you are a member or regular attendee of another church, you must apply there first.

FINANCIAL INFORMATION

What is the total amount needed? \$ _____ When do you need it? _____

What is your need today and what specific help are you requesting?

What is the crisis or situation that has caused you to ask for assistance? _____

What steps have you taken to resolve the situation? _____

If assisted by NBUMC, how will you pay for next month's rent/utilities, etc.? _____

Have you filed bankruptcy before? _____ If so, please provide details and circumstances:

Have you or anyone in your household received financial assistance from NBUMC in the past? If so, who, when, and how much? _____

Do you or anyone in your household use tobacco products or alcohol? Yes No

If YES, list who, what kind, how often, and estimated cost per week: _____

Do you or anyone in your household use illegal or unprescribed drugs? Yes No

If YES, list who, what kind, how often, and estimated cost per week: _____

List your household monthly income and expenses:

Expenses	\$ per month	Income	\$ per month
Rent/Mortgage		Your Wages/Salary	
Electric		Spouse's Wages/Salary	
Heating Oil/Gas		Other Person #1 Wages/Salary	
Water/Sewer/Trash		Other Person #2 Wages/Salary	
Home Phone		Other Person #3 Wages/Salary	
Cell Phone		Social Security	
Cable /Satellite TV		Disability	
Internet		Workers Compensation	
Car Payment #1		Child Support	
Car Payment #2		Alimony	
Auto Gas		Retirement	
Auto Insurance		Food Stamps	
Home/Renters Insurance		Public Assistance	
Health Insurance		Family/Friends Support	
Groceries		Other:	
School Lunches		Other:	
Eating Out		Other:	
Medical/Dental			
Child Care			
Child Support			
Alimony			
Court Ordered Judgments			
Credit Cards Balance Due \$ _____			
Consumer Loans Balance Due \$ _____			
School Loans Balance Due \$ _____			
Memberships			
Clothing			
Entertainment			
Pet Care			
Rentals (i.e. equip/furniture)			
Offering/Charitable Giving			
Other (Please specify):			
Other (Please specify):			
Other (Please specify):			
Total Expenses =	\$	Total Income =	\$

List all churches/agencies/organizations you have contacted requesting assistance for your need and the status of the assistance (approved, denied, pending, etc.):

1. Agency:		
Person contacted:	Phone:	Status:
2. Agency:		
Person contacted:	Phone:	Status:
3. Agency:		
Person contacted:	Phone:	Status:

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