



The Bible teaches us to respect, take care of and honor God's money. Doing so creates the financial freedom that allows us to be generous to those in need. At FCC, we strive to be good stewards of what God has given us and want to live out the biblical mandate of caring for our neighbors (1 Tim 6:18). Out of this commitment, the Generous Ministry has been formed to care for those in our community who are experiencing trouble securing the necessities of life- things such as food, shelter, and utilities.

FCC is seeking active participants in our Generous Ministry program. All requests will be considered. Please note the Generous Ministry is not equipped to handle emergency requests. It usually takes two weeks to process a request. Our Service Area is 46965, 46901, 46902, 46936, 46979, 46068, 46076, 46049, 46937, 46072. Not all requests can be fulfilled and some may only partially be met. The Care Volunteer will request you to participate in evaluating, planning and creating action steps during the process. You will be requested to complete the action steps assigned to you. Failure to complete the action steps will disqualify you from future participation in the Generous Ministry. These steps may include a class and/or mentoring. Be advised- when we contact you it may be from a blocked number.

If you are in need of assistance, complete the Request Form provided and return it to FCC either by U.S. Mail (1476 East 400 South, Kokomo IN 46965. Attn: Generous Ministry) or by dropping it off at the church during office hours (Monday-Thursday 9-4 & Friday 9-12). Be sure to include any relevant paperwork that will help us to assess needs including; letters of eviction, disconnection notices and notifications of denial of social services. Also include a copy of your driver's license or state ID. Your request will be kept confidential and someone from the Generous Ministry will contact you as soon as possible to discuss your need. If you do not fully complete this application, it cannot be considered.

\_\_\_ I have read, understand and agree to the terms of application to the Generous Ministry of FCC.

An interpreter or facilitator has read to me and I understand and agree to the terms of the application to the Generous Ministry of FCC.

Signed \_\_\_\_\_  
Participant

Signed \_\_\_\_\_  
Interpreter/Facilitator

## Personal Information:

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Failing to complete this form entirely will prevent consideration of your request.  
Falsification of information submitted will result in denial of assistance.

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle one: Male Female Do you have children? Yes No How many? \_\_\_\_\_

Marital Status: Single Engaged Married Single Again Widowed/Widower

Do you attend FCC? Yes No Are you a member? Yes No

Last four digits of Social Security number of person named on utility bills (this is for verification of balances due, without this information we cannot pay utilities.) \_\_\_\_\_

If not, where do you attend church? Don't worry you don't have to attend church to receive help. We just want to work with your home church if you have one. \_\_\_\_\_

How did you hear about Generous Ministry (full name of person)? \_\_\_\_\_

Have you applied to Generous Ministry before? When? \_\_\_\_\_

## Requests:

Amount	Purpose	Date needed by

## Employment History:

Currently Employed      Yes      No

Current or most recent employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position / Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If unemployed, where have you applied for a job? If nowhere, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Spouse's / Other Adult in Household Information:

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

Circle one:    Male    Female    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Phone, cell, email: \_\_\_\_\_

Currently employed:    Yes    No    Most recent employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Position / Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If unemployed, where have they applied? If nowhere, please explain. \_\_\_\_\_

\_\_\_\_\_

## Dependents:

List ALL other individuals living in your home:

Name	Age	Relationship	Monthly Income

## Housing:

Own    Rent    Other \_\_\_\_\_ How long at present address? \_\_\_\_\_

Landlord / Mortgage Company \_\_\_\_\_

Address you mail payments to: \_\_\_\_\_

\_\_\_\_\_

Name you put on check for payment: \_\_\_\_\_ Phone number: \_\_\_\_\_

If asking for housing assistance, have you told your lender or landlord about your need?

\_\_\_\_\_

Have they provided support? \_\_\_\_\_

## Additional Information:

Have you ever met with a financial advisor or attended a class on home budgeting? If so, where? \_\_\_\_\_

Are you willing to attend a class on home budgeting?    Yes    No

Are you willing to meet with someone for encouragement and advice?    Yes    No

## References:

Reference names and phone numbers, other than relatives. THESE REFERENCES ARE REQUIRED.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Can we contact them?    Yes    No    Do they know about your need?    Yes    No

## Budget Snapshot:

Monthly Income:

Job #1 (net pay)	\$ _____
Job #2 (net pay)	\$ _____
Spouse Job #1	\$ _____
Spouse Job #2	\$ _____
Unemployment	\$ _____
Child Support	\$ _____
Retirement	\$ _____
Social Security	\$ _____
SSI / Disability	\$ _____
Food Stamps	\$ _____
TANF	\$ _____
WIC	\$ _____
_____	\$ _____

Total Monthly Income	\$ _____
----------------------	----------

Monthly Expenses:

Tithes/Contributions	\$ _____
Rent/Mortgage	\$ _____
Car Payment #1	\$ _____
Car Payment #2	\$ _____

Auto Insurance	\$ _____
Auto Gas and Oil	\$ _____
Electric	\$ _____
Gas for House	\$ _____
Water	\$ _____
Food	\$ _____
Phone/Cell Phones	\$ _____
Cable/Internet	\$ _____
Day Care	\$ _____
Child Support	\$ _____
Credit Cards	\$ _____
School Loans	\$ _____
Rent To Own	\$ _____
Pay Day Lender	\$ _____
Storage Unit	\$ _____

Total Monthly Expenses	\$ _____
------------------------	----------

Did you fill out the Budget Snapshot?      Yes      No

I authorize Fairfield Christian Church to verify all information provided.

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