



COUNSELING FINANCIAL ASSISTANCE REQUEST FORM

Please print all information clearly; leave no blanks!

Personal Information

First Name: _____

Last Name: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Spouse's First Name: _____

Spouse's Last Name: _____

Children's First Name(s)/Age(s) [living with you]: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Cell #: _____

Work #: _____

Email Address: _____

Housing Information

Rent

Own

Live w/ Family

Live w/ Friends

Homeless

Other: (describe): _____

Are you homebound? (check one) Yes No

Employment Status

Are you currently employed? (check one) Yes No

If yes, where? (Employer's name, address & phone #)

If you are not employed, where/when (date range) did you last work and what was the reason for leaving?

If you are currently seeking employment, what job are you hoping for?

Considerations:

Please use this space to share any details that would assist in considering the merits of providing a **reduced fee** for counseling services that may not have been captured in the other sections of this form (use the back for additional space): _____

*** I certify that the information in this document is true and correct to the best of my knowledge.*

**** By completing and submitting this form, I understand I will receive consideration of (which is not a guarantee) a reduced fee for counseling services. A set number of "reduced fee clientele" has been established; a waiting list may need to be implemented if this number is exceeded. Thank you for your understanding.*

Applicant name (please print): _____

Applicant signature: _____ Date: _____

Debt Resources:

- www.nfcc.org (find a consumer credit counseling agency; or call (800) 388-2227)
- www.debtorsanonymous.org (find a group near you)

Financial Management Resources:

- www.goodsenseministry.com (variety of helpful resources: debt reduction calculator, spending plans, etc.)
- www.crown.org (a financial planning ministry)
- www.daveramsey.com (a financial planning ministry)
- www.vaumc.org/page.aspx?pid=888 (a Wesleyan study on stewardship)

Office Use Only

What action was taken? _____ Today's Date: _____

Established/Approved fee per visit: \$ _____ To be reviewed again in: 3 mths. 6 mths.

What other sources of help were suggested: _____

Approved by (signature): _____ Shared with client: Y ___ N ___