



FINANCIAL ASSISTANCE GUIDELINES

Please read before requesting Financial Assistance from New Song Church.

PURPOSE OF THE FINANCIAL ASSISTANCE TEAM

The Financial Assistance Team of New Song Church is charged with the task of determining what constitutes true need according to biblical directives. We have been charged to be good stewards of the money God has provided to this ministry. New Song Church has always desired to point people to Christ's hope, so in that same spirit, the Financial Assistance Team offers a hand-up in helping those who are seeking support.

QUALIFICATIONS FOR RECEIVING FINANCIAL ASSISTANCE

- Applicant must be truly in need, not simply looking for an easy way out of a self-inflicted financial jam.
- No loans will ever be made. Gifts will be given on behalf of those individuals whose circumstances meet the criteria as determined by the Financial Assistance Team.
- Financial Assistance is designed to be a help-up, but not a continuous source of household support.
 - * Repeat applicants should expect increased input and involvement by the Financial Assistance Team in their personal affairs, including a requirement that the applicant attend a financial workshop, etc.
 - * No more than two (2) offerings of assistance will be made in a given calendar year.
 - * An established maximum dollar amount has been established and will not be exceeded per request.
- Financial Assistance will be paid directly to the debtor. No funds will be given directly to the applicant.
- Financial Assistance decisions will be made on the 15th and 30th of each month; no decisions will be finalized between these dates, thus emphasizing the importance of not waiting until a bill's due date.
 - * All paperwork must be submitted by the 12th and 27th of each month, respectively.

PROCESS FOR RECEIVING FINANCIAL ASSISTANCE

- Applicant must complete the Financial Assistance Request Form in its entirety. Note: no verbal requests will be considered.
 - * Incomplete forms will require you to be contacted and will delay decision until the next deadline.
- Completed applications go in a sealed envelope and can be turned in at the Church Office.
 - * Church Staff are not involved in the discernment process for Financial Assistance.
 - * Please seal your envelope before handing it to a Church Staff member.
- The forms will routinely be picked up just prior to the meetings held on the 15th and 30th of each month by the Financial Assistance Team.
- A decision will be made on your request accordingly; you will be contacted within 3 business days of the decision meeting.
 - * If you are in crisis and/or in need of a more immediate decision:
 - + Please email or call-in with the details of your extenuating circumstances to:
churchoffice@newsongumc.org or [804.559.6064](tel:804.559.6064)
 - + In your email, include that you have turned in the form to the Church Office after so doing.
 - + You will be contacted within 24 hours.
 - > If you do not have internet or phone access, please indicate to the Church Staff upon dropping off the form.
- If expenses exceed income, a request for further explanation will be made to document circumstances.
- If unable to meet the request at the time of decision, contact information to agencies in the surrounding area will be provided. Other studies/suggestions may be listed as a condition of receiving support.



FINANCIAL ASSISTANCE REQUEST FORM

*Please read the **Financial Assistance Guidelines** prior to completing this 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
___ Live w/ Family
___ Homeless
___ Own
___ Live w/ Friends
___ 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?

Spouse Employment Status

Check if no spouse and skip to next section.

Is your spouse currently employed? (check one) ___ Yes ___ No

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

If your spouse is not currently employed, where/when (date range) did they last work and what was the reason for leaving?

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

Financial Needs

Annual Household Income: \$ _____

Monthly Net Income (what you actually have to spend): \$ _____

Monthly Household Debt (total amount you currently pay towards debt/expenses): \$ _____

Tell us about your current need(s) and what you think helped to create it: _____

Tell us about things you have already done to correct the situation you are now in (asked family, made calls, used savings, taken on 2nd job, etc.): _____

Have you previously applied in the last 12 months for assistance from New Song Church? ___ Yes ___ No
(If yes, list all occurrences): _____

Total amount that you are requesting: \$ _____

Need	Contact # For Payment	\$ Amount Owed	Due Date	Description of Need

- Financial assistance will be paid directly to the debtor. No funds will be given directly to an applicant.
- Attach copies of all documentation/bills for which you are seeking assistance.
- No assistance will be considered without relevant documentation.

Supportive Program Information

Which, if any, of the following programs do you participate in?
(Participation will not disqualify you from receiving our assistance.)

- Health Insurance If insured, what is your co-payment amount? \$ _____
- Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)
- Social Security (SSA) MEDICAID
- Temporary Assistance for Needy Families (TANF)
- Women, Infants & Children (WIC) Food Stamps (SNAP)
- Unemployment Other income sources (pension, child support, etc.):

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

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)

Financial Assistance Team Use Only

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

Were check(s) written? Y N (check #: _____) What was the total financial need: \$ _____

What other sources of help were suggested: _____

Approved by (print & sign): _____ Role: _____