

## Financial Assistance Application

**The Church of the Blessed Sacrament understands that people can experience times of financial hardship. In our efforts to follow Christ's teachings, we are making our limited resources available to help in these times of need. You are our brother/sister in Christ, we love you and pray for your success. In order to expediate the approval process, please read and complete thoroughly. Applications that are incomplete or without the proper corresponding documentation are unable to be reviewed.**

1. To request financial assistance, you MUST complete the information form.
2. There is a limit of up to \$600 per calendar year.
3. After all paperwork listed is emailed, faxed, mailed, or brought in, you will be contacted regarding your request. If approved, the check will be mailed to the appropriate company.

The following requests will be considered:

- Basic Need Expenses Only (Gas, Electric, Water, Rent/Mortgage payment)
- Eyeglasses (exam and glasses only; no contacts)
- Prescription medication
- Medical & Dental bill assistance
- Car repairs

*We are unable to assist with phone (land line and/or mobile), cable, internet, credit card debt, tuition, or taxes. Being responsible and making prudent decisions are important factors in overcoming financial hardships. Paying for non-essentials, not living within the means you can provide, or spending resources on the unnecessary is a barrier to your financial stability. Unfortunately, our parish too has limited resources and we must be good stewards, those choosing to place wants before needs above the essentials cannot be considered. We appreciate your understanding.*

**We are unable to review this application unless accompanied by the following paperwork. Please ensure *all boxes* are checked:**

- Completed application
- Copy of Driver's License or Photo ID (must be Tippecanoe County resident)
- 2 latest COMPLETE bank statements (60 days total)
- 2 latest pay stubs, letters from employer (if paid under table), OR unemployment stubs/letters
- Copy of lease or mortgage statement
- Copy of bills in need financial assistance

If they apply to you:

- Copy of letter from Food Stamp Office
- Copy of letter for Medicaid, HIP, or any government insurance
- Copy of letter of TANF (Temporary Aid for Needy Families)
- Copy of statement of child support or divorce decree, whichever states current assistance

I authorize Church of the Blessed Sacrament to verify all information provided:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Assistance Request

*Please Print Legibly*

1. Have you received assistance from other agencies? Yes  No

A. If so, where? \_\_\_\_\_

#### Your Personal Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Last Name had in past: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Check One:  Male  Female

Are you a Veteran or Serving in the Military? Yes  No

Household Status:  Single  Living with Significant Other  Married  Separated  Divorced  Widowed

Education Level:  High School Grad or GED  Some College  College Graduate

#### Your Housing & Vehicle Information:

Own  Rent  Other  (please specify) \_\_\_\_\_ Amount Per Month: \_\_\_\_\_

How long have you been at your present address? \_\_\_\_\_

Landlord Name/Mortgage Company: \_\_\_\_\_

Landlord Phone Number/Contact Info: \_\_\_\_\_

Do you have access to a car? Yes  No

First Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Yr: \_\_\_\_\_  Own  Lease  Monthly Pymt . \_\_\_\_\_

Second Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Yr: \_\_\_\_\_  Own  Lease  Monthly Pymt . \_\_\_\_\_

*List specific request being made of us with this application here, please:*

How much do you owe?				Who You Owe To?	When do you owe it?
Past Balance	Current Balance	Reconnect Fee	Total Owed	(Write name of utility or leaser)	(or past due date)

Have you received help from Church of the Blessed Sacrament in the past? Yes  No   
When/how much/ for what?

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**List All Other Individuals in Your Household:**

	Name	Age	Date of Birth	Relationship	Monthly Income
1.					
2.					
3.					
4.					
5.					

**Additional Mandatory Information**

1. Have you seen a financial counselor in the past six months? Yes  No   
If so, whom? \_\_\_\_\_  
Are you open to receiving this type of counseling if provided? Yes  No
2. Have you contacted anyone else for assistance in the past six months? Yes  No   
Please specify: Family  Friends  Churches  Agencies
3. What steps are you taking to improve your current situation? \_\_\_\_\_  
\_\_\_\_\_
4. What is the name and phone number of your church? \_\_\_\_\_
5. Who suggested or referred you to us? \_\_\_\_\_
6. Are you disabled? Yes  No
7. Do you have physical or emotional issues that hinder you from meeting your financial needs? Yes  No   
Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Would you like to be included in the prayers of the parish? Yes  No  Do you have a specific intention you would like us to include? \_\_\_\_\_

Help us to understand your story: Please include any other *non-financial* ways that we might be able to help you address.

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