



OAK HILLS CHURCH
Financial Assistance Information Sheet

WHO IS ELIGIBLE FOR ASSISTANCE?

Oak Hills Church has established a Benevolence Fund for the purpose of providing short-term financial assistance to its members or regular attendees. This fund is designed to assist with financial needs up to the amount of \$1,500.00. Assistance from the church will take into account the use of one's personal resources, including family assistance (such as parents, children, relatives, etc.) as well as their local church community network (such as a small group, area community, etc.). Any approved funds will be made payable to the provider of the service. **No money will be given directly to the member.**

DOES MY SITUATION QUALIFY FOR THIS ASSISTANCE?

Wise stewardship dictates that assistance be extended when unexpected and serious circumstances develop, creating a hardship in which the health, safety or welfare of one or more members of the household is directly affected. Typically, these hardships are the result of a job loss, an accident, illness or death in the immediate family.

Examples of eligible expenses may include by are not limited to:

Funeral expenses
Monthly bills – Rent/Mortgage, Utilities, etc.
Medical bills not covered by insurance for necessary, non-elective medical treatment
Relocation to another residence because of fire, flood, or domestic violence

Examples of expenses that are typically NOT eligible include, but are not limited to:

Attorney fees
Tuition expenses
Bail Money
Car payments/insurance/repairs
Repayment of loans to family/friends
Home repairs or relocation to another residence (unless it is a result of a fire, flood, domestic violence or other catastrophic event)
Reimbursement for unpaid sick time
Income/Property taxes
Credit card debt
Bill consolidation loans

WHY DO YOU NEED MY INFORMATION AND HOW WILL IT BE USED?

Our desire is to help you. In order to assure that we are serving you in the best manner and be good stewards of God's resources, we need to understand you and your financial circumstances. Your information will only be disclosed to those involved with your situation.

HOW DO I APPLY?

1. Complete all information on the application and sign it. Include any additional documentation that is requested, such as your lease or mortgage agreement, bank statements, billing statements or any other related documents pertaining to your financial request.
2. Mail or deliver this information to the main office of the church campus that you attend. Please know that your request will normally take 2-3 days to evaluate and process.



FINANCIAL ASSISTANCE APPLICATION

Please answer each question completely and accurately.

Personal Information

Name _____ Today's Date _____

Spouse _____ Years Married _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Phone # hm _____ wk _____ cell _____

List everyone currently living in your home beside yourself:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

How long have you lived at your current address? _____ How long at your previous address? _____

Employment Information

Current employer _____

How long have you worked there? From ____/____/____

Previous employer _____

How long did you work there? From ____/____/____ To ____/____/____

If you are currently unable to work, state why. _____

Church Membership Information

How long have you attended OHC? ____ year(s) ____ month(s) Campus you regularly attend _____

Completed Discover OHC? ___ Yes ___ No Did you turn in a Membership Form? ___ Yes ___ No

Do you attend a community/neighborhood group? ___ Yes ___ No Name of group leader _____

Are you a volunteer at the church? ___ Yes ___ No Which area(s)? _____

List individuals who know you at OHC (for reference purposes):

Elder _____ Length of relationship _____

Minister _____ Length of relationship _____

Ministry Leader _____ Length of relationship _____

Financial Information

What caused your current financial shortcoming? _____

What steps have you taken to resolve the situation? _____

List individuals you have contacted and asked for financial assistance:

Family Member _____ Relationship _____

Their response _____ Phone # (____) _____

Family Member _____ Relationship _____

Their response _____ Phone # (____) _____

Friend(s) _____

Their response _____ Phone # (____) _____

Neighborhood group/ministry area _____

Their response _____

Agencies/Other _____

Their response _____

Have you received financial assistance from OHC before? ____ Yes ____ No Amount given _____

How much money are you requesting? _____ for _____

Household Expenses & Income Information

EXPENSES	\$ PER MONTH	INCOME	\$ PER MONTH
Rent/Mortgage		Yourself (after taxes)	
Electric		Others in household (after taxes)	
Gas (home)		Child support	
Water		Unemployment compensation	
Car payment(s)		Social security (SS)	
Car insurance		Supplemental security income (SSI)	
Gas (auto)		Supplemental security disability income (SSDI)	
Bus fare		Supplemental disability income (SDI)	
Groceries		Retirement savings	
Phone		Food stamps	
Cell phone		Family/Friends support	
Pager		Other:	
Child care		Other:	
Child support		Other:	
Alimony			
Court ordered judgments			
Credit cards			
Loan payment			
Doctor or dentist bills			
Cable			
Entertainment			
Clothing			
Rentals (i.e. equip/furniture)			
Offering/Tithe			
Other:			
Total=		Total=	

By signing below, I certify that the statements made above and on any attachment(s) are true and complete to the best of my knowledge. I give permission to OHC to make inquiries as needed to determine if they are able to assist me.

Signed _____ Date _____

