



**Application for Assistance**  
**LifePoint Wesleyan Church**  
**10395 Berry Rd., Waldorf, MD 20603**

**Individual Information:** Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License or Picture ID Number: \_\_\_\_\_ State: \_\_\_\_\_

**Please provide a copy of your driver's license.**

Marital Status: S M Sep Div

**If Married:** Spouse's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you a regular attender at LifePoint Church? \_\_\_\_\_

Have you met with a pastor at LifePoint Church in the past? \_\_\_\_\_ If so, who? \_\_\_\_\_

Has LifePoint Church helped you financially in the past? \_\_\_\_\_

What help was given and when? \_\_\_\_\_

Have you attended financial counseling or discipleship classes in the past? \_\_\_\_\_

Please list the classes you have attended: \_\_\_\_\_

Have you requested assistance from other organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name of organization and amount requested/provided: \_\_\_\_\_

**Children:**

Last Name	First Name	Gender	Date of Birth	Age
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	

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**Income (Primary Applicant):**

Employer: \_\_\_\_\_

Employment Income per month: \$\_\_\_\_\_ per month / Food Stamps/SNAP/SUNCAP: \$\_\_\_\_\_

Unemployment income per month: \$\_\_\_\_\_ Social Security per month: \$\_\_\_\_\_ SSI per month: \$\_\_\_\_\_

SSD per month: \$\_\_\_\_\_ AFDC: \$\_\_\_\_\_ Child Support per month: \$\_\_\_\_\_

Other Income per month: \$\_\_\_\_\_

**Income (Spouse):**

Employer: \_\_\_\_\_

Employment Income per month: \$\_\_\_\_\_ per month / Food Stamps/SNAP/SUNCAP: \$\_\_\_\_\_

Unemployment income per month: \$\_\_\_\_\_ Social Security per month: \$\_\_\_\_\_ SSI per month: \$\_\_\_\_\_

SSD per month: \$\_\_\_\_\_ AFDC: \$\_\_\_\_\_ Child Support per month: \$\_\_\_\_\_

Other Income per month: \$\_\_\_\_\_

Does anyone else pay any of your living expenses? Y N If yes, who? \_\_\_\_\_ Amount: \$\_\_\_\_\_

**Total Monthly Income:** \$\_\_\_\_\_

**Expenses:** List all monthly expenses that your household has.

Rent: \$\_\_\_\_\_ Mortgage: \$\_\_\_\_\_ Electric: \$\_\_\_\_\_ Cable: \$\_\_\_\_\_ Phone: \$\_\_\_\_\_ Water: \$\_\_\_\_\_

Car Payment: \$\_\_\_\_\_ House Insurance: \$\_\_\_\_\_ Car Insurance: \$\_\_\_\_\_ Health Insurance: \$\_\_\_\_\_

Medicines: \$\_\_\_\_\_ Other Medical: \$\_\_\_\_\_ Food: \$\_\_\_\_\_ Clothing: \$\_\_\_\_\_ Tobacco Products: \$\_\_\_\_\_

Alcoholic Beverages: \$\_\_\_\_\_ Miscellaneous: \$\_\_\_\_\_

**Total Monthly Expenses:** \$\_\_\_\_\_

**Description of Assistance Requested and Documentation in Priority Order:**

Amnt/Vendor Name/Address/Date Required: \_\_\_\_\_

Amnt/Vendor Name/Address/Date Required: \_\_\_\_\_

**Total Amount of Request:** \$\_\_\_\_\_

**Please provide copies of Vendor Bill/Invoice.**

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What circumstances brought about this need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a plan to avoid these circumstances in the future? \_\_\_\_\_  
.....

Applicant Signature: By signing this, you declare that all of the above information is accurate and true. False statements are grounds for refusing assistance.

Sign full name: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant - do not write below this line. Office use only.**

**Pastor Evaluation**

Pastor Interview Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_**

**Benevolence Fund Current Balance: \$ \_\_\_\_\_**

**Benevolence Committee Decision: Approve: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Disapprove: \_\_\_\_\_**

**Date Check Mailed or Picked Up: \_\_\_\_\_**

Summary of Pastor Follow-up in 14 days: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor Name: \_\_\_\_\_ Date: \_\_\_\_\_