

Date Submitted: _____
Initials: _____
Driver's License Copied: _____
Entered and Copied: _____

The Rock Compassion Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Household Information

Marital Status: _____ Spouse's name: _____

Children names and ages: _____

Are you employed? YES NO Is your spouse employed? YES NO

If NO, why not? _____ If NO, why not? _____

If YES, Employers Name _____ If YES, Employers Name _____

Rate per Hour: _____ Rate per Hour: _____

Number of Hours: _____ Number of Hours: _____

Annual Income : _____ Annual Income: _____

Church Information

What church do you attend? _____ How long? _____

Do you attend a Life Group? YES NO May we call your Pastor? YES NO

If so, please provide phone number: _____

Do you contribute to your church financially? YES NO Did you ask your church for assistance? YES NO

What were the results? _____

Other Resources

Please list all other churches and organizations you have asked for assistance and what you received.

Organization	Amount Received	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Misc.

Who referred you? _____

Do you have a budget? (See PERSONAL PRIORITIES sheet attached)

YES NO

Are you a Veteran?

YES NO

Are you over 60 years of age?

YES NO

Has The Rock Church helped you in the past?

YES NO

Assistance Needed/Company Name and address

Name	Address	Monthly Payment	Date Due	Current Amount Due	Amount YOU are paying	Amount you are asking for

Explanation of your Circumstances

Your Plan

Final Checklist

Ensure you have provided the needed documentation and completed the tasks to complete this form.

	YES	NO
I have attached a copy of my bill or lease	<input type="checkbox"/>	<input type="checkbox"/>
Please provide name and correct address for where payment would be sent:		
<hr/>		
Do you want to visit the food bank	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to visit the blessing room	<input type="checkbox"/>	<input type="checkbox"/>

Personal Priorities

Expense	Priority Number (1-10, 1 being highest priority)	Amount
Housing		
Savings		
Food/Nutrition		
Medical		
Transportation		
Health Insurance		
Car Insurance		
Life Insurance		
Clothing		
Household Items		
Convenience Foods		
Entertainment		
Other Insurance		
Grooming and Hygiene		
Electricity		
Water		
Gas		
Cable		
Internet		
Phone		
Taxes		
Tithing		
Donations		
Miscellaneous		
Debt		
Childcare		
Pet Care		
Restitution		
Education		
Child Support		
Total:		