

**MANOA COMMUNITY CHURCH APPLICATION FORM
FOR FINANCIAL ASSISTANCE**

Date:					
Name:		Age			
Street Address:					
City:		State:		Zip Code:	
Phone:		Email			

Household/Employment Information:

Do you have a spouse/partner?:	YES	NO
Is he/she employed?:	YES	NO
Number of people in household?:	Adults:	Children:
Ages of children?:		
Are you employed?:	YES	NO
If yes, How long have you been employed?:		
Who is your employer?:		
How many hours per week do you work?:		
What is your position?:		
If no, What/when was your last job?:		
Have you or do you plan to apply for unemployment or disability, if applicable?		

All Monthly Household Income:

Source of income (attach supporting documentation if requested)	Monthly Amount
Employment (all work related income)	
Spouse/Partner (if applicable)	
Government Assistance (if applicable)	

Other (please explain, i.e. adult children/child support/alimony)	
Total Monthly Income:	

Monthly Debt Obligations:

Source of Expenses (attach supporting documentation if requested)	Monthly Payment
Rent/mortgage payment	
Car Payment	
Insurance - Health	
Insurance - Auto	
Insurance - Homeowners/Renters	
Utilities total (include gas/oil/water/electric/cable/phone)	
Food	
Clothing	

Page | 1

Source of Expenses (attach supporting documentation if requested)	Monthly Payment
Childcare	
School loans	
Other (please explain)	
Total Monthly Expenses:	

General Questions:

Are you a member of a church or parish?:		YES	NO
If yes,	Church name:		
	Church phone number:		
	Pastor:		

How or by whom did you learn of the possibility of assistance from Manoa Community Church?:				
Have you tried getting assistance anywhere else?:			YES	NO
If yes,	Where?:			
Have you reached out to any family or friends who could possibly help you?:			YES	NO
If yes,	Provide names/phone numbers:	1.		
		2.		
Have you ever received assistance from Manoa or any other church?:			YES	NO
If yes,	What kind of assistance did you receive?:			
Are you currently a client of or receiving help from any agency or organization?:			YES	NO
If yes,	Which ones?:			
What kind of assistance do you need now?:				
Who may we contact to verify the need, or as a reference?:				
Reference 1 (Name Phone Number):				
Reference 2 (Name Phone Number):				
What do you see as the long-term solutions to your difficulty? What can you do to help resolve it?:				
What do you think you will need to do so that you will not be in a similar situation next month?:				
Would you be willing to meet with a financial advisor or attend a financial class at no cost to you?				

Please email completed form to deacons@manoa.org.

By placing your name and date on this application, you are affirming that the above provided information is true and correct.

Name	Date