

# Financial Assessment Sheet

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. As stewards of God's resources, we are concerned with your needs.

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

Address: \_\_\_\_\_ Years: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If unemployed, list the last three places you have worked or applied for work, and the dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Names and ages of dependents:

\_\_\_\_\_

\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Membership Status:      Member \_\_\_\_\_      Adherent \_\_\_\_\_      Visitor \_\_\_\_\_

What ministry have you been involved in? \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

List a church member/adherent who can verify your attendance: \_\_\_\_\_

Please fill in all information that applies to you. Write N/A if it does not apply.

<b>Gross Monthly Income</b>	
Source	Amount
Employment Income	
Overtime Bonus, Commission	
Social Assistance (Food Stamps, Welfare, HEAP, etc.)	
Rental Income	
Other (Alimony, Child Support, etc.)	

## Monthly Expenses

*(Please be as specific as possible)*

Type	Owed to	Monthly Amount	Remaining Amount Owed
Rent/Mortgage			
Auto			
Taxes			
Personal Loan			
Utilities: Heating			
Electric			
Phone			
Charges: list all			

## Assets

Type	Value
Bank Accounts	
Trust Funds/Stocks/Bonds	
Property	
Life Insurance	
Cash Value	
Credit Union	
Automobile	
Personal Property	
Other	

Please list other sources of assistance that you have sought (parents, family, loans, sale of personal property, social programs, consumer credit counseling agency, creditors).

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Are you interested in additional financial counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Name of interviewer \_\_\_\_\_ Date \_\_\_\_\_

Recommendation: \_\_\_\_\_

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Comments: \_\_\_\_\_  
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