



Please fill out this questionnaire as completely as possible so that Black Rock Church can determine how best to assist you as we partner together. Your information is confidential and will be viewed only by those Care Leaders essential to our process. Before assistance is provided, you may be asked to liquidate retirement and savings, enroll in budget programs with utility companies and access other community assistance programs. You may also be asked to maintain a detailed log of your efforts to find employment. When completed, please return [glemke@blackrock.org](mailto:glemke@blackrock.org) or place in the Care Ministry mailbox at the church office. Thank you!

### **Financial Assistance Questionnaire – Please Print Clearly**

Personal Information & Resource Action Steps	
Your Name:	How many adults (18+) live in your home?
Address (include Zip Code):	How many children live in your home (include ages)?
	Other family members who you financially support (include dollar amount/month):
Preferred email address:	
Preferred telephone contact:	
Christ-follower? Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional details affecting your circumstances:
Home church name & location:	
<input type="checkbox"/> Attendee <input type="checkbox"/> Member How long (mos/yrs)?	
Church contact (include telephone) to verify the above:	
Resource Action Steps	
Have you developed a household financial contribution plan for each adult, living with you, who is physically able to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you approached other family members & friends who are financially able to assist you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List state and/or local community assistance programs that you are currently utilizing to help meet your financial needs:	

**Household Employment & Other Income Sources:** List currently employed household members (you & anyone living with you) & each person’s net monthly income (take-home pay). If household members receive financial support from other sources (alimony, charities, child support, family, federal/state/local assistance, etc), list the recipient’s name with the amount & type of support.

Name	Net Monthly Income	Name	Other Income Amount & Type
Interviewer’s notes for this section:			

**Total Monthly Income from All Sources:** \$ \_\_\_\_\_

**Household Expenses:** Provide the following expense information for each category listed.

Home & Auto	
Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/>	What is your monthly mortgage or rent payment? \$
If you have a mortgage payment, what is the term (e.g., 30 year loan), & how many years have you paid into this mortgage? _____ years	
Have you taken steps to reduce your monthly expenses by moving, selling or negotiating with your landlord/mortgage holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Automobile 1 Make, Model, Year: Paid in full (circle) or monthly payment: \$ Current loan balance: \$	Automobile 2 Make, Model, Year: Paid in full (circle) or monthly payment: \$ Current loan balance: \$
Have you taken steps to reduce your monthly expenses by refinancing automobile loans or selling additional vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interviewer’s notes for this section:	

**Revolving Loans:** Provide the following information for credit card or other revolving loan expenses.

Creditor	Balance Due	Monthly Payment	Past Due Amount

Have you contacted your creditors to request modified payment plans? Yes  No

**Household Services:** List your *average* monthly payment, and provide the other requested information.

Service	Average Monthly Payment	Are you Current?	Least Costly Plan?
Electricity		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heat (gas, oil, etc)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurances:			
Auto		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homeowner/Renter		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Internet (cable, DSL, satellite)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephones (cell, landline)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Television (cable, satellite)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Water		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)		Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you contacted utility companies to negotiate budget plans? Yes  No

Are you financially contributing to your church or other charitable organizations? Yes  No

**Total Monthly Expenses from All Sources:** \$ \_\_\_\_\_

**Assets & Liabilities:**

Assets Account Type	Balance/Amount	Liabilities Account Type	Balance/Amount
Checking		Home loans (mortgage, HELOC, etc)	
Savings		Auto loans	
Retirement (IRA, 401K, 403B, etc)		Medical bills	
Cash value of life insurance policies		Personal loans	
Home equity		Revolving credit	
Other (specify)		Other (specify)	
<b>Total Assets</b>		<b>Total Liabilities</b>	

**Additional Interviewer's Notes (other information needed, etc):**

**Interviewer's Recommendations:**

I have prepared this document with information that, to the best of my knowledge, is accurate and complete. I understand that my full cooperation with the Care Leadership Team will result in the best possible assistance for me and my family.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_