

FINANCIAL ASSISTANCE FORM

From the NFBC Care Fund Team

The Care Fund Team serves as an arm of the Care Network, its sole purpose is to discern how to best help you in a time of financial need. This team deeply cares for you and prayerfully considers your situation. Please fill out this form completely in order to better help us minister to you. Your information and request will be kept strictly confidential.

NAME: _____ ADDRESS: _____

PHONE: _____ E-MAIL: _____

Describe the events/circumstances that have caused your need: _____

Please complete, stating amount due, due date, and the lender:

Car 1 (year/make/model) _____

Car 2 (year/make/model) _____

Additional vehicle(s) _____

House payment (or Rent) _____

Gas/Electric _____

Phone (Home/Cell, etc...) _____

Internet and TV _____

Credit Card(s) (list all) _____

Medical Bills/Fees _____

Medication costs _____

Any other payments _____

Have you received (or currently receiving) any assistance from other groups? Yes / No

If Yes, who (and to what degree)? _____

Have you spoke with FCDC, Open Door, your Town Trustee? Yes / No _____

Estimated annual Income: _____

Please describe any plans to get out from under your current financial difficulty (including but not limited to downsizing, selling off possessions, eliminating credit cards, making a budget, speaking with a financial counselor): _____

Would you be willing to talk with a financial counselor? Yes / No

(Over)

Where do you feel you are in your spiritual journey? Low 1 2 3 4 5 6 7 8 9 10 High

Have you talked with the Lord about your situation? _____

How has He been apart of your financial decision making? _____

Are there any other things that we need to know that will potential help us in helping you get back to both spiritual and financial health? _____

(Care Fund Team use only)

Action Taken: _____

Additional Comments: _____
