

APPLICANT EMPLOYMENT INFORMATION:

Current/Most Recent Employer _____

Supervisor _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Employment Dates _____ to _____

Position and Job Description _____

Are you unemployed now? _____ If Yes, how long have you been unemployed? _____

Reason: _____

If you are unemployed, are you currently seeking employment? (Y/N) _____

What steps are you taking to seek active employment? _____

SPOUSE/OTHER ADULT IN HOUSEHOLD EMPLOYMENT INFORMATION:

Current/Most Recent Employer _____ Phone _____

Supervisor _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Employment Dates _____ to _____

Position and Job Description _____

Are they unemployed now? _____ If Yes, how long have they been unemployed? _____

Reason: _____

If they are unemployed, are they currently seeking employment? (Y/N) _____

What steps are they taking to seek active employment? _____

BUDGET WORKSHEET:

Monthly Income (what I make):

Job #1 \$ _____
Job #2 \$ _____
Spouse's Job #1 \$ _____
Spouse's Job #2 \$ _____
Child Support \$ _____
SSI/Disability \$ _____
Social Security \$ _____
Retirement \$ _____
Food Stamps \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

TOTAL #1 \$ _____

Monthly Expenses (what I spend):

Debt:
Credit cards \$ _____
School loans \$ _____
Other \$ _____

Housing:
Mortgage + Taxes \$ _____
Rent \$ _____
Electric \$ _____
Gas \$ _____
Water \$ _____
Trash \$ _____
Internet \$ _____
Cable TV \$ _____
Phone \$ _____
Other \$ _____

Auto:
Car Payment \$ _____
Gas \$ _____
Other \$ _____

Insurance:
Auto \$ _____
Homeowners \$ _____
Life \$ _____
Medical/Dental \$ _____
Other \$ _____

Household/Personal:
Groceries/HH goods \$ _____
Tobacco \$ _____
Alcohol \$ _____
Pets \$ _____

Entertainment:
Eating out \$ _____
Movies/Events \$ _____
Travel \$ _____
Other \$ _____

Professional Services:
Prescriptions \$ _____
Doctor Fees \$ _____
Childcare \$ _____
Counseling \$ _____
Legal \$ _____
Other \$ _____

TOTAL #2 \$ _____

TOTAL MONTHLY INCOME (#1) \$ _____
TOTAL MONTHLY EXPENSES (#2) \$ _____
INCOME OVER/UNDER BUDGET \$ _____

PREVIOUS ASSISTANCE INFORMATION:

Have you received assistance from any other churches or agencies in the last 6 months? (Y/N) _____

If so, please specify (from who, for what, amount, etc.):

RELIGIOUS BACKGROUND:

Do you regularly attend church? (Y/N) _____ If so, how frequently? _____

What is the name of your church? _____

ADDITIONAL INFORMATION:

Who suggested that you contact Christ's Church of Oronogo? _____

Have you previously received help from Christ's Church of Oronogo? (Y/N) _____

When/What? _____

REQUEST INFORMATION:

Please be as specific and give as many details as possible.

Need (including amount) : _____

Reason for need: _____

GOALS

RHRN always wants to make sure that people are moving forward in life. Setting a realistic goal to work on is just another way that we can discuss what you would like to do moving forward and also gives us a very specific way to pray for you.

Please list one goal that you commit to working on in the near future:

AUTHORIZATION

By signing below, I agree that all information provided on this application is true to the best of my knowledge and I authorize Christ's Church of Oronogo to verify all information provided.

Signature _____ Date _____

Printed name _____

<p>CCO OFFICE USE ONLY:</p> <p>Date submitted: _____ Documentation: _____</p> <p>Date contacted: _____</p> <p>CD: _____ A: _____ PT: _____ A#: _____</p>
