

OTHER AGENCIES YOU OR FAMILY MEMBERS ARE WORKING WITH

Agency	Purpose	Contact Person	Family Member

APPLICANT'S EMPLOYMENT HISTORY:

Present/Most Recent Employer: _____

Supervisor: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ to _____

Position and Job Description: _____

Reason for leaving: _____

If unemployed, are you currently seeking employment? ___ Yes ___ No

How long have you been unemployed? _____

Reason: _____

What steps are you taking to seek active employment? _____

SPOUSE'S EMPLOYMENT HISTORY:

Present/Most Recent Employer: _____

Supervisor: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Dates: _____ to _____

Position and Job Description: _____

Reason for leaving: _____

If unemployed, is your spouse currently seeking employment? ___ Yes ___ No

How long has your spouse been unemployed? _____

Reason: _____

What steps is your spouse taking to seek active employment? _____

FINANCIAL INFORMATION:

Do you ___ own or ___ rent your house? Monthly Payment _____

How many cars do you own ___? Payment #1 _____ Payment #2 _____

Do you have any credit card/consumer debt ___ yes ___ no? If yes, how much? _____

Are you behind in any bills? If yes, please describe:

MONTHLY INCOME/EXPENSES

<u>Income Source</u>	<u>Monthly Income</u>	<u>Expense Type</u>	<u>Monthly Expense</u>
Job 1	_____	Rent/Mortgage	_____
Job 2	_____	Gas/Electric	_____
Spouse Job 1	_____	Phone/Cell	_____
Spouse Job 2	_____	Cable/Internet	_____
Social Security	_____	Food	_____
SSI/Disability	_____	Household goods	_____
Food Stamps	_____	Medical	_____
Child Support	_____	Credit cards	_____
Other:	_____	Car and other loans	_____
Other:	_____	Other:	_____
Other:	_____	Other:	_____
Total Income	_____	Total Expenses	_____

Authorization for Release of Information

The undersigned applicant for assistance authorizes Rivers Crossing Community Church or any person or volunteer working with the church to release or receive any and all information without restriction or qualifications from the record of the applicant(s).

The undersigned further authorizes any agency, group or entity to release any and all information without restriction or qualification from the file or record of the undersigned to the church for the purpose of consideration of my request for assistance from the church.

The undersigned understands, agrees and authorizes that any and all such information received or released will be reviewed by the Mission Team of Rivers Crossing for purposes of consideration of the request.

Applicant Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

Additional Information: