



Your Full Name: _____ Social _____ Age: _____

Spouse or Other: _____ Social _____ Age: _____

Please Circle

Single Living Together Married Separated Divorced Widowed Referred by: _____

Address: _____ City: _____, TX Zip: _____

Apt Complex Name: _____ Apt #: _____

Primary Phone: _____ cell / work / home Alt Phone: _____ cell / work / home

E-mail Address: _____

Drivers License No: _____ Issued by _____ Drivers License No: _____ Issued by _____

Circle Whichever Applies

Homeless Living w/Friends Living w/Family Rent Own
How long in your current living situation? 6 months 1 year + 2+ yrs 3+ yrs 4+ yrs over 5 yrs ____ other

Total individuals living at home...	Number of adults _____	Number of children _____	<input checked="" type="checkbox"/> No Children <input type="checkbox"/>
	Ages: _____	Ages: _____	

Current Employment Situation	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Retired
	How long in this situation? _____ days weeks months years

Monthly Income	Salary/Wages: \$ _____	Social Security/SSI/VA: \$ _____	Child Support: \$ _____
	Food Stamps: \$ _____	TANF & WIC: \$ _____	Other Sources: \$ _____

Monthly Expenses	Mortgage/Rent: \$ _____ <small>(subsidized housing)</small>	Credit Cards: \$ _____	Electric: \$ _____
	Gas/Water: \$ _____	Phone/Cellular: \$ _____	Auto: \$ _____
	Insurance: \$ _____	Medical: \$ _____	Internet: \$ _____
	Cable TV/Internet: \$ _____	Grooming-hair/nails: \$ _____	Other: \$ _____

Religious belief Born again believer Non-Christian

Relationship status	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Average <input type="checkbox"/> Good
	If Christian, how long have you been a believer? <input type="checkbox"/> New <input type="checkbox"/> 1 to 5 Yrs <input type="checkbox"/> 5 to 10 Yrs <input type="checkbox"/> Longer

Are you a member of a church? No Yes If yes, what church? _____ City: _____

How often do you attend bible study/worship? ☐ once a year ☐ periodically ☐ monthly ☐ weekly ☐ NA

Have you sought assistance from your church? No Yes If yes, when and response ? _____

Are you an active contributor at your church? No Yes If yes, describe ? _____

Share information about relationship with God such as daily devotional, bible study and worship:

Food Allergies / Etc.	List: _____
------------------------------	-------------

Transportation Situation	<input type="checkbox"/> Dependable <input type="checkbox"/> Borrowed <input type="checkbox"/> Friends <input type="checkbox"/> None
---------------------------------	--

Legal Situation	Criminal Record? Yes No if yes, describe: _____ _____
	Pending Charges? Yes No if yes, describe: _____ _____

What is the crisis or situation that has caused your request:

List all churches, agencies or organizations you have contacted for assistance. (name, phone, contact) _____

If assisted, how will you meet next month's obligations? _____

Briefly describe your need:

RELEASE OF INFORMATION:

I hereby authorize the release of my information to First Baptist Church Sunnyvale for the purpose of evaluating my needs. I further certify the information I have stated is true, correct and all income is reported. I understand that FBC will verify the information on this application and that deliberate misrepresentation will subject me to denial of assistance. I give permission for FBC to obtain a background check and to discuss my facts with other agencies, businesses, churches, attorneys, individuals and any others First Baptist Church Sunnyvale deems necessary in the process of reviewing me and my request. This institution is an equal opportunity provider.

I have read, understood, and agree to the provisions as stated.

Signature

Date