

STATEMENT OF FINANCES

Assets:	Liabilities:
Cash _____	Credit Cards _____
Investments _____	Loans _____
Home _____	Mortgage _____
Automobile _____	Overdue Bills _____
Personal Property _____	Other _____

Net Worth (Assets - Liabilities) _____

Name and Address of Mortgage Company or Landlord:

What is the Model and Year of your Automobile? _____

License Plate # _____ State _____

DEACONS NOTES...OFFICE USE ONLY

Date: _____ Approved Denied

Deacon:

Elder (if any):

Action taken:

GMCHD Love INC EE visit needed

Financial Counsel Session

Date: _____ Deacon: _____

Type of assistance given: _____ Amount: _____

Deacon's Assistance Form

Today's Date ____/____/____

Are you a: PPC Member Regular Attendee Other

Are you: Single Married Widowed Separated Divorced

Your Name: _____

Birth date: _____ Social Security # _____

Driver's License Number: _____ State _____

Home Phone Number: _____ Cell: _____

Have you ever been convicted of a crime? Yes No

If Yes, explain:

YOUR MEDICAL INFORMATION

Are you under doctor's care Yes No

List the name(s) of your doctor(s) and the medical condition(s) for which you are being treated:

CHURCH CARE

Do you have a home church? ___

Name of Church: _____

Pastor's Name: _____ Phone: _____

Are you involved in a House Church, Bible Study or any type of church oversight? ___ Yes ___ No

If yes, Name of House Church Pastor and/or Shepherding Elder, etc.:

Are you or your spouse under church discipline? ___ Yes ___ No

If yes, name of Pastor/Elder who is working with you:

YOUR SPOUSE'S INFORMATION

Spouse's Name: _____

Birth date: _____ Social Security _____

Driver's License Number: _____

State: _____

Home Phone: _____ Cell: _____

LIST NAMES AND AGES OF ANY DEPENDENT CHILDREN

_____	_____
_____	_____
_____	_____
_____	_____

WHAT IS YOUR NEED TODAY?

If you are requesting help in paying a bill or bills.....

Date Due: _____ \$ Due: _____

Account #: _____

Company/Vendors Name:

Explain why you need help:

Other sources available who will assist you with the need:

Have you received assistance from any church or agencies in the past? ___ Yes ___ No

If yes, from whom:

Reason:

