

E ENCOUNTER
REQUEST FOR FINANCIAL ASSISTANCE

Please bring this completed application, a valid photo ID and copies of any bills you are requesting assistance with to Care Ministry Office on Thursday 9am – 11am

Financial assistance is considered for those in need based on the guidelines set forth in God's Word (1 Timothy 5) and the policies of Encounter Church. Priority is given to members and regular attendees of Encounter based on church records.

SHELTER: Encounter has no facility for shelter, but will refer those in need to agencies who provide emergency shelter.

FINANCIAL ASSISTANCE: *One time financial assistance* is considered for those who need emergency help with rent/mortgage, utilities, medical needs, educational expenses, etc. **when failure to pay would result in loss of home or services.** Those in need of financial assistance are required to provide valid California Driver's license or ID and furnish the name, address, and phone number of the agency to which payment is due as well as a copy of the bill/lease agreement. No cash is given.

Date of Application _____

Name (first, middle, last) _____

Spouse's Name (first, middle last) _____

Address (street, city, state, zip) _____

Contact Phone Numbers _____

Email Address _____

Names/Ages of Children Living w/You _____

List the name, address, and phone number of your current employer. If unemployed, list the last two places you have worked or applied for work and the dates:

1. How did you happen to come to us for assistance? If referred by a friend or other church, please list their name.

2. Have we assisted you in the past? If so, what type of assistance did we provide?

3. Do you attend a church regularly? If yes, where, and have you asked them for assistance?

4. Have you applied for help elsewhere (parents, family, loans, sale of personal property, social programs, consumer credit counseling agency, creditors, etc)? If so, where, and how were you assisted?

5. Please list amount and purpose (food, utility bill, rent/mortgage, etc) of assistance requested.

Please read all the following statements carefully and ask questions if you need clarification before you sign this section:

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration. I also understand that Encounter's Care Ministry staff may during the course of the evaluation process contact my family members, references, employers, landlord, utility company, or other organizations for which I am seeking assistance.

Date _____

Signature _____

COMMENTS

CONTACT ENCOUNTER CARE MINISTRIES

6950 Ralston Street, Ventura, CA 93003

Clare Rice | Director of Care and Recovery

crice@encounterlife.org

(805) 656-7766, x251 (confidential voicemail)

805-665-3455 (Care Text Line)