



Black Rock Cares Financial Assistance Questionnaire (FAQ)

When completed, please return to Care@blackrock.org or place in the Care Ministry mailbox.

Please complete this questionnaire in detail (Note: We MUST be able to read your entries!) – All information is confidential.

Before assistance can be considered:

- You must provide up-to-date copies of account statements (checking, savings, retirement, mortgage, outstanding bills, etc.).
- You may be asked to draw down retirement and savings accounts, enroll in budget programs with utilities, set up revolving credit repayment plans and access community assistance programs.
- You will be asked to provide a detailed log of your efforts to find employment.
- Failure to fully complete this FAQ and to provide account statements will slow the approval process or may result in your request being declined.

Personal Information: Please provide relevant information about your household, your church attendance and your plan to grow as a Christ-follower. Describe your current circumstances and state your immediate need?

Personal Information Details	
Your Name:	Address (include Zip Code):
Preferred telephone number:	
Preferred email address:	How many people live in your home (Include their ages.)?
Are you a Christ-follower? Yes <input type="checkbox"/> No <input type="checkbox"/>	How can we pray for you and your family?
Name and location of the church you attend:	
<input type="checkbox"/> Attendee <input type="checkbox"/> Member How long (mos/yrs)?	
Important – Church contact name and telephone to verify the above:	
What steps are you taking to grow as a Christ-follower? Do you serve at church or in the community? If so, how do you serve?	
Please provide information about your current circumstances, and describe your immediate need:	

Resource Action Steps: Please provide information about the steps you have already taken to resolve your present situation.

Resource Action Steps Taken
Have you developed a household financial contribution plan for each adult living with you (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you sought financial assistance from family members and friends not living with you (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you approached state and local community support programs for financial assistance (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>



Monthly Income

Employment & Other Income: Please list currently employed household members (yourself and anyone living with you) and each person's net monthly income (take-home pay). If household members receive financial support from other sources (alimony, child support, federal, state, local assistance, etc), list the recipient's name with the amount and type of support.

Employment and Other Income Sources	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, name your current place of employment and how long you have been employed there.	
Have you taken steps to increase your net monthly income (take-home pay)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide details.	
Currently Employed Household Member and Employer or Other Income Type	Net Monthly Income (Take-Home Pay)
	\$
	\$
	\$
	\$
	\$
Total Monthly Net Income (here & P. 4)	
	\$

Monthly Expenses

Housing Expenses: Please provide the following monthly housing expenses information.

Housing Expenses Information	
Have you taken steps to reduce your monthly housing expenses by moving, selling or negotiating with your landlord or mortgage holder (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/>	What is your monthly mortgage or rent payment? \$
If you have a mortgage, what are the terms (e.g., term length, fixed, interest only or variable payments, interest rate)? How many years have you paid into this mortgage?	
What equity do you have in the house (house value minus outstanding mortgage)? \$	
If you rent, what are the terms (e.g., lease length and expiration date, type and amount of deposits paid)?	
Total Housing Expenses (here & P. 4)	
\$	

Auto Expenses: Please provide the following monthly auto expenses information.

Auto Expenses Information	
Have you taken steps to reduce your monthly auto expenses by refinancing auto loans or selling additional vehicles (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Automobile 1 – Make, Model, Year, Mileage:	Automobile 2 – Make, Model, Year, Mileage:
Paid in full (circle) or monthly payment: \$	Paid in full (circle) or monthly payment: \$
Current loan balance: \$	Current loan balance: \$
Months remaining before paid in full?	Months remaining before paid in full?
Total Auto Expenses (here & P. 4)	
\$	



Monthly Expenses Cont.

Household Expenses: Please list your *average monthly* payment in each category, and provide the other requested information.

Household Expenses Information			
Have you taken steps to reduce your monthly household expenses by contacting internet, telephone, television and utility companies to negotiate the least expensive or budget plans (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you financially contributing to your church or other charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Household Expense Type	Average Monthly Payment	Are you Current?	Least Costly Plan?
Electricity	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heat (gas, oil, etc)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Water	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurances:			
Auto	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homeowner/Renter	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Internet (cable, DSL, satellite)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephones (cell, landline)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Television (cable, satellite)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Past Due \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Household Expenses (here & P. 4)	\$		

Revolving Loans: Please provide the following information for credit card or other revolving loan expenses.

Revolving Loans Information			
Have you taken steps to reduce your monthly revolving loan expenses by contacting creditors to request modified payment plans (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Creditor	Balance Due	Monthly Payments	Past Due Amounts
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Monthly Revolving Credit Payment & Past Due Amount (here & P. 4)	\$	\$	\$



Monthly Expenses Cont.

Other Expenses: Please list and provide amounts for all other monthly expenses not listed in the sections above.

Other Expenses Information	
Have you take steps to reduce your other monthly expenses (If so, please provide details.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Expenses Type	Monthly Expense/Payment
	\$
	\$
	\$
	\$
	\$
	\$
Total Other Expenses (here & below)	
	\$

Financial Summary: Please fill in total income and expenses information to determine monthly net income.

Total Monthly Income and Expenses			
Monthly Income		Monthly Expenses	Amount
Monthly Net Income (Page 2)	\$	Housing Expenses (Page 2)	\$
		Auto Expenses (Page 2)	\$
		Household Expenses (Page 3)	\$
		Revolving Loans (Page 3)	\$
		Other Expenses (Page 4)	\$
Total Disposable Income	\$	Total Expenses	\$
Net Income (Income minus Expenses)			\$

Assets and Liabilities: Please provide the following information on your assets and liabilities.

Assets and Liabilities Information			
Assets Account Type	Amount/Balance	Liabilities Account Type	Amount/Balance
Checking	\$	Home loans (mortgage, HELOC, etc)	\$
Savings	\$	Auto loans	\$
Retirement (IRA, 401K, 403B, etc)	\$	Medical bills	\$
Cash value of life insurance policies	\$	Personal loans	\$
Home equity	\$	Revolving credit	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
Total Net Assets (Assets minus Liabilities)			\$

To the best of my knowledge, I have prepared this document with information that is accurate and complete. I understand that my full cooperation with the Care Leadership Team will result in the best possible assistance for me and my family.

Signed by: _____ Date: _____

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____