

Government Shutdown Assistance



If you are a RockPointe Member affected by the recent government shutdown, we are here to help! Let us know about your needs during this unexpected time.

RockPointe Church considers requests for financial assistance in matters that are short-term in nature. Church members and attendees may apply for financial assistance through our Benevolence Ministry. Once the Benevolence Team has received your application, it will be reviewed and the information verified.

Please feel free to take this form home for completion at your convenience. Upon completion of the Benevolence Application, please email it to cindy@rpcstaff.org and brian@rpcstaff.org or mail it to the church office.

RockPointe Church Care Ministries
4503 Cross Timbers Road
Flower Mound TX 75028

Please submit a copy of your government-issued identification with your application and a copy of the most recent bill for each expense you are requesting help with.

Please be clear as to the bills and amounts you are asking help with.

The bill must show the name, address, account no., phone no., due date and amount due.

Although it is our sincere desire to provide financial assistance, we are not able to help with childcare, long-term or chronic medical, credit card, taxes or legal expenses.

Government Shutdown Assistance

Today's Date: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

e-mail address(es): _____

Phone: _____ Work: _____ Cell: _____

CHURCH AFFILIATION:

Church Affiliation with RockPointe? Visitor _____ Attendee _____ Member _____

If a visitor or attendee, when was the last time you attended? _____

Do you have a church home other than RockPointe? _____

If yes, where? _____

INCOME AND EXPENSES:

Mortgage Company or Landlord/Apartment Name: _____

Address: _____

Phone: _____

EMPLOYMENT:

Place of employment: _____

Dates of employment: _____

Duties: _____

Government Shutdown Assistance

Monthly Household Income/Monthly Expense Report (**Net Amounts**)

<u>Income</u>	<u>Monthly Amount</u>	<u>Expense</u>	<u>Monthly Amount</u>	<u>Due Date</u>	<u>Total Past Due Amount</u>	Put check mark if requesting help with this bill & ATTACH A COPY OF THE MOST RECENT BILL
Wage 1 (net)		Housing				
Wage 2 (net)		Electric				
Social Security income		Gas				
Disability		Water				
Veteran's Disability		Phone/ internet/cable				
Retirement		Phone cell				
Food stamps		Other				
Family help		Other				
Friends		Car payment 1				
Unemployment		Car payment 2				
Workers Comp		Auto Insurance				
Child Support		Home Insurance				
Other Agencies		Health Insurance				
Any Other Income		Groceries				
		School lunches				
		Medical				
		Loans (explain purpose)				
		Credit Cards				
		Club Memberships (gym, tanning, etc)				
		Other (explain)				
TOTAL:						

TOTAL FOR ALL EXPENSES YOU ARE REQUESTING HELP WITH:

Government Shutdown Assistance

Checking Account Balance	
Savings Account Balance	
Other assets available: 401K	
Teacher Retirement, Other:	
TOTAL ASSETS:	

Please summarize total income vs total expenses from the table: _____

Release of Information

I hereby authorize the release of information to RockPointe Church to receive the assistance I am requesting. I further certify the information I have stated to be true and correct and that all income is reported. I understand RockPointe Church may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance /services.

I give permission for RockPointe Church to discuss my case with other agencies, businesses, churches, attorneys, individuals, vendor/payees, and any others deemed necessary to verify the application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature

Date

Signature

Date

rev. 1.23.19