

Assistance Program Application

Please read and fill out this application in its entirety

Shanispeaksup exists to share the love of Jesus Christ with our community so *“that everyone who believes may have eternal life in him.” John 3:15*. We understand that sometimes people encounter difficult situations in their life. Therefore, in the interest of helping others, we have developed an Assistance Program. The people of this ministry have given their offering money to us and we view it as God’s money, not ours. Therefore, in order to be wise stewards of these resources, this program must not be used irresponsibly, but rather with loving discernment. Please be aware of the policies below. They are not intended to burden you, but to simply be a responsible way for us to discern needs and use God’s resources in a wise, responsible and caring manner.

Process

- Complete this application
- Email it to info@shanispeaksup.com
- Once we review your application you will be contacted to schedule an appointment with a representative
- The representative will discuss your situation with you and determine whether or not assistance can be provided.

Criteria

- Failure to complete this application in its entirety will delay or prevent the review of your request.
- Completion of this application, and meeting with a representative is NOT a guarantee that assistance will be provided
- Because of limited resources and the many needs of the community, assistance can only be provided once every 6 months decreasing in the amount with each approval.
- Shanispeaksup reserves the right to adjust or disapprove an applicant’s request based on ineligibility, or the interviewers prayerful discretion.
- Shanispeaksup does not provide long-term financial assistance. The purpose of our assistance program is to provide support in the case of an urgent short-term need. We do not provide assistance with credit card debt, long-term medical needs, childcare, tuition, cell phone, vehicles, taxes, travel fare, storage, fines or legal fees.
- Active members and regular attenders of Shanispeaksup will be given priority for assistance, however, whenever possible, the needs of those not associated with Shanispeaksup will be carefully considered.
- For those not associated with Shanispeaksup the type of assistance offered is meant to meet basic necessities and is limited.
- Active members and regular attenders of Shanispeaksup may be eligible for financial assistance as is available.
- You must provide copies of bills that you are requesting help with. Failure to provide these will result in a delay of any assistance available.
- You must provide a Driver’s License or valid photo ID
- Your information will be kept as confidential as possible.

Applicant's Information

Applicant's First Name	Last name	Today's Date & Time
Address	Date of Birth	Phone Number
Email	Age	Children?
Place of Employment	Dates of Employment	Duties/Reason for leaving

Assistance Being Requested

What type of assistance are you requesting?
What are the circumstances that lead you to your current situation?
What steps are you taking to improve your current situation?

Have you received assistance from any other church/organization? If yes, please provide name and type of assistance received in the spaces below.

Have you previously received assistance from Shanispeaksup?

Describe your relationship with Jesus Christ

Financial Assessment

Income	Income (Monthly)	Expense	Expense (Monthly)	Past Due Amount
Wage 1 (take home)		Housing		
Wage 2 (take home)		Car/s		
Unemployment		Electric		
Social Security		Gas		
Disability/VA		Water		
Food stamps		Phone		
Retirement		Cell Phone		
Child Support		TV/Cable		
Other income		Internet		
Checking acct Balance		Gasoline- car		
Savings account Balance		Auto Insurance		
		Home Insurance		
		Health Insurance		
		Life Insurance		
		Medical Bills		
		Groceries		
		Dining		
		School Lunches		
		Day Care		
		Child Support		
		School Loans		
		Credit Cards		
		Other Loans (explain)		
		Personal Supplies		
		Club/Gym Memberships		
		Entertainment		
		Church Tithe/Charity		
		Other (explain)		

Release of Information Authorization

I hereby authorize the release of my information to Shanispeaksup in order to process the assistance I am requesting.

I understand that Shanispeaksup may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

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

I agree that this document along with the information contained in it will become the property of Shanispeaksup for the purpose of record keeping.

I certify that the information I have stated above is correct and true at the time of report and that all income has been documented.

I have read, understood, and agree to the policies above.

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Signature

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Print Name

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Date