

LIVING ARRANGEMENT	
<input type="checkbox"/> Home Owner	<input type="checkbox"/> Renter
<input type="checkbox"/> Hosted by Family Member	
<input type="checkbox"/> Assisted Living / Retirement Home (independent or semi-independent living)	
<input type="checkbox"/> Nursing Home (dependent for care and/or medical needs)	

ANTICIPATED ANNUAL HOUSEHOLD INCOME	
Total Annual Household Income (for all members of the household including their wages, Social Security, government assistance, investments, and gifts)	\$
Total Amount of Assets (checking and savings account, investments, and retirement accounts but excluding any property)	\$
Total	\$

ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	
Total Anticipated Annual Household Expense	\$
Total Accumulated Debt	\$

APPLICANT CONTACT INFORMATION	
Address Line 1	Address Line 2
City/State/ZIP	Country
Home Telephone Number ()	Mobile Phone Number ()
E-mail address	

REPRESENTATIVE/POWER OF ATTORNEY	
List someone we may contact if we are unable to reach you regarding this form.	
Representative Name	Contact Number
Relation with the Applicant	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE	
Applicant's Signature	Date / /

Completing this pre-screening form or an application does not guarantee financial assistance, but will provide us with the information necessary to determine your eligibility and make an informed decision. Thank you for your service to the Church. Your Church is looking forward to serving you.