



1200 E. Southern Ave.  
Tempe, AZ 85282  
PH. 480.894.2201  
www.gracecommunityaz.org

We have received your request for assistance from Grace Community Church. Attached is an Application for Financial Assistance Questionnaire. Please fill out the form completely, legibly and add any additional information that will help us in providing care or assistance for you. **Financial Assistance is considered for those who call Grace their home and who have been a part of our community.** When you have completed this form, please mail it to the Stewardship Office at Grace, or drop it off at our Information Center.

**Please understand that immediate financial help is usually not available.** Your patience and honesty is appreciated and required as we work through this process. Thank you for recognizing that our sincere desire is to provide you with the best long-term care possible.

In addition to completing the attached form and before any financial assistance can be obtained from Grace, you may be required to meet and talk with a budget counselor. At the conclusion of your meeting(s) your budget counselor will make a recommendation to the Pastor of Stewardship concerning your particular need.

If you have not already done so, I would like to encourage you to share your circumstances with your Home Group or Community Group. As you know, the people you are in community with will be your best support system when it comes to prayer and encouragement and at times some practical next steps in dealing with your situation. For additional information about joining a Home Group or Community Group at Grace, please call the Ministry Assistant in Community Life Ministries, Renee Ladd, at ext. 226.

If additional care is required beyond your places of connection and community please contact the receptionist at the Information Center and they can assist you in leaving a message for the Pastor on Call. We trust that you are able to feel God's presence through this difficult time.

Sincerely,

A handwritten signature in black ink that reads "Stephen Vlahovich".

Stephen Vlahovich  
Pastor of Stewardship

**Grace Community Church**  
**APPLICATION FOR FINANCIAL ASSISTANCE**

Please fill out form as completely and neatly as possible.

**Appointment time & date:** \_\_\_\_\_ **Set by:** \_\_\_\_\_  
(Appointment times are: Mondays 2pm – 3 pm & Wednesdays 11am – 12 pm)

Today's Date \_\_\_\_\_ 20 \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE: HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

Age \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's Name \_\_\_\_\_ No. of children \_\_\_\_\_ Ages \_\_\_\_\_

**EMPLOYMENT/RESIDENCE:**

Present (or most recent) Employer \_\_\_\_\_ Years \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date Moved to Area \_\_\_\_\_ How long have you been in Arizona? \_\_\_\_\_

**CHURCH INVOLVEMENT:**

Are you a Member of Grace? \_\_\_\_\_ Regular Attender? \_\_\_\_\_ How long? \_\_\_\_\_

**NEEDS:**

Have you shared your present need with other GCC Staff Members? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of Pastors \_\_\_\_\_

Have you received assistance from GCC or other sources in the past year? \_\_\_\_\_ Source \_\_\_\_\_

List any other sources of assistance including food stamps, welfare, unemployment, social security, etc.

What is your immediate need? Please specify.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**HOME** Length of time at present address \_\_\_\_\_ Own home or rent? \_\_\_\_\_

Monthly payment \_\_\_\_\_ If renting, monthly rent \_\_\_\_\_

**AUTOMOBILE(S)**

<u>Model, Make and Year</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

I certify that the above financial information is accurate and complete. IT IS FURTHER AGREED that in the event this financial aid request is approved, I/We will agree to participate in financial counseling upon the recommendation of the Pastor of Stewardship.

Date \_\_\_\_\_

Applicant's Signature

Co-Applicant's Signature