



# HELPING HANDS

A MINISTRY OF FIRST PRESBYTERIAN CHURCH

## APPLICATION FOR ASSISTANCE

DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

### APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### JOINT APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

### AMOUNT REQUESTED

What will the requested amount be used for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What caused this need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALL OTHERS LIVING IN HOUSEHOLD

FULL NAME	AGE	RELATIONSHIP	EMPLOYED

Do you have a church home? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you asked your church for help? \_\_\_\_\_

When did you last attend your church? \_\_\_\_\_

Have you asked other organizations for help recently? \_\_\_\_\_

MAKE & MODEL OF VEHICLE(S) OWNED	IS IT PAID FOR?	IS IT DEPENDABLE?

# MONTHLY FAMILY INCOME AND EXPENSES

MONTHLY INCOME	JOB OR SOURCE	MONTHLY TAKE HOME AMOUNT
Applicant's Current Employment or Source of Income		
Joint Applicant's Current Employment or Source of Income		
Other Sources of Income (Social Security, Disability, Food Stamps)		

**TOTAL MONTHLY INCOME**

*Add up totals from the  
Monthly Take Home Amount column*

<b>MONTHLY FIXED EXPENSES</b> <i>(Expenses that must be paid every month)</i>	
Rent/Mortgage	
Water/Utilities	
Telephone	
Auto Loan	
Other	

<b>MONTHLY FLEXIBLE EXPENSES</b> <i>(Expenses that can be adjusted)</i>	
Food	
Clothing	
Entertainment	
Travel	
Gas/Oil	
Doctor/Prescriptions	
Other	

**TOTAL MONTHLY FIXED EXPENSES**

**TOTAL MONTHLY FLEXIBLE EXPENSES**

**TOTAL FIXED AND FLEXIBLE EXPENSES**

*Add Total Monthly Fixed Expenses and  
Total Monthly Flexible Expenses*

**OVER (+)**

**MY MONEY AT END OF MONTH**

*Subtract Total Fixed and Flexible Expenses from  
Total Monthly Income*

**SHORT (-)**

## WHAT IS YOUR PLAN?

Please tell us about your short and long term goals for your family, career and finances.

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The above information has been given to the Helping Hands Committee of First Presbyterian Church of Ocean Springs to assist me in addressing my financial, spiritual and personal needs. FPCOS has my (our) permission to share and discuss any and all information with others involved in my assistance. FPCOS has my permission to contact my employer, landlord, creditors, law enforcement or any other person for verification of the information provided, which I certify is true and correct. Any misrepresentation of the above facts could immediately disqualify and terminate my request for assistance.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

JOINT APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_



*The Helping Hands Committee stands ready to walk with you on your journey toward financial and spiritual freedom, knowing that God owns it all and true contentment is found in what He provides and being free to be all He made you to be.*