



# Application for Good Samaritan Assistance

Hope Evangelical Free Church Last Modified January 2020

## **Dear Potential Recipient,**

Thanks for your interest in Hope Church's Good Samaritan Fund. Our heartbeat is to use this fund to be a blessing to the members and regular attendees of Hope Church who are facing an emergency financial crisis. This fund is designed to be both an encouragement - to show God's graciousness, and as a means of practical support - we all need a helping hand sometimes.

**The point of this letter is to let you clearly know how our Good Samaritan Fund works;** both to help you apply, and to help with expectation management.

**The Good Samaritan Fund exists to assist members and regular attendees of Hope Church facing an emergency financial crisis.**

## **Summary of Process**

**Please note: applications cannot be accepted without a signature of a pastor or director & a cover letter as described below.**

Please provide the following:

- Application with a pastor's or director's signature
- "Summary of Income and Expenses" form
- Cover letter as described below
- Copies of receipts or invoices for which payment is being requested
- Rental/lease agreement, if requesting assistance for these

Timing:

- The Good Samaritan Team will request to meet with each applicant to better understand your request.
- It may take 2-4 weeks for a meeting to take place and a decision to be made about assistance. The process is not designed to provide immediate assistance.

The application process for individuals or households applying for financial assistance from the Good Samaritan Fund is as follows:

### **1) This fund is for Members and Regular Attendees only.**

- a) Applicants will be considered based on the amount of time and consistency attending Hope worship services, and participation in Hope programs beyond the worship services.
- b) Applicants will often be encouraged to join a Hope Church small group and/or to actively participate in the ministries of Hope Church beyond our worship services. We believe community can be a great healer in a time of financial stress.
- c) Applicants may be required to participate in a financial education workshop and/or financial lay mentoring through Hope Church.
- d) Recipients of assistance may be encouraged or required to give back by donating service hours to Hope Church or to a local charitable organization.

### **2) An Application Form and Cover Letter must be submitted and complete.**

- a) All requests will require the applicant to submit, either personally or through email, an "Application for Good Samaritan Assistance" form.
- b) The Application must be accompanied by a Cover Letter that explains how the financial need came to be, how the assistance will help, and what your future financial outlook is.

- c) All Applications must include the signature of a Pastor/Director at Hope Church in order to confirm the Applicant's connection to Hope Church and to increase the possibility of caring assistance or pastoral care accompanying your season of financial need.
- d) A "Summary of Income and Expenses" form is also required..
- e) Additional information may be requested of applicants as needed at the discretion of the Good Samaritan Fund Team.
- f) Documentation, such as recent tax return or payroll receipts/check stubs, may be requested at the discretion of the Good Samaritan Fund Team to help us in our decision-making process.
- g) Applications must be accompanied by copies of the receipts, invoices, or contracts that support funds are being requested for (for our tax records).

**3) Applications can be picked up at the Church Office or printed on-line.**

- a) Applications are confidential, but information can be shared with those within the church who are assisting with the process (GSF Team, Pastoral Staff, lay financial mentor, etc.).
- b) Application forms are available in our Church Office or on our website, [www.ehope.org](http://www.ehope.org).
- c) All Applications must be handed in or emailed to the Church Office (to [office@ehope.org](mailto:office@ehope.org)).

**4) A personal meeting with the Good Samaritan Team is required for most all applications.**

**5) The Good Samaritan Fund Team works together to make decisions about each request.**

- a) Please keep in mind that most requests are not processed within a week's time, and our process is not designed to provide immediate assistance. It may take 2-4 weeks for a meeting to take place and a decision to be made about assistance.
- b) A member of the GSF team will contact you to set up a meeting and discuss the GSF process.
- c) The Good Samaritan Fund Team makes decisions as a group, not as individuals.
- d) The Pastors/Directors of Hope Church refer/recommend people to the Good Samaritan Fund, but ultimately have no control over the decision making process; this enables them to focus on impartial pastoral care.

**6) Financial needs considered by the Good Samaritan Fund include:**

- a) Health care expenses
- b) Food
- c) Emergency moving expenses or temporary housing
- d) Rent or mortgage
- e) Utilities
- f) Transportation expenses
- g) Insurance
- h) Funeral related expenses
- i) Legal fees
- j) Any other items deemed appropriate by the GSF Team.

**7) Assistance payments are made to creditors or agencies, not directly to Applicants.**

- a) No checks will be written directly to the assistance recipient. This is why receipts/bills must be submitted at the time of the GSF meeting.

We hope this outline helps you understand our process. Please feel free to ask our Church Staff, if you have any questions about how the Good Samaritan Fund can best assist you.

Blessings,

*The Good Samaritan Fund Team*



## GOOD SAMARITAN APPLICATION

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How long have you attended Hope Church? \_\_\_\_\_

Out of the last 12 weeks, how many weekend services have you attended? \_\_\_\_\_

Who, if anyone, referred you to the Good Samaritan Fund? \_\_\_\_\_

Signature of Pastor/Director confirming your connection to Hope Church (required)

\_\_\_\_\_

What needs are you requesting assistance for?

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Briefly explain the circumstances that have caused this need:

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

Have you applied to the Good Samaritan Fund before? \_\_\_\_\_ When? \_\_\_\_\_

Do you expect to be able to meet all of your future expenses after receiving this assistance?  
Please explain:

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

List any other forms of financial assistance you are receiving or have applied for:

\_\_\_\_\_

List any church ministries you are involved in \_\_\_\_\_

\_\_\_\_\_

Are you involved in a Lifegroup? \_\_\_\_\_ Who is the leader? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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### Office Use Only

Date Application Received: \_\_\_\_\_

Received by: \_\_\_\_\_

## SUMMARY OF INCOME & EXPENSES

Please fill this form out if your request is greater than \$1,000 or if you have applied to the Good Samaritan Fund before.

### Monthly Income \*

Employment (Primary wage earner)		Food Stamps	\$
Job # 1 (actual take home pay)	\$	V.A. Benefits	\$
Job # 2	\$	Unemployment Benefits	\$
Employment (Secondary wage earner)		Aid for Dependent Children	\$
Job # 1 (actual take home pay)	\$	Interest and Dividend Income	\$
Job # 2	\$		
Child Support Received	\$	Other Sources of Income:	\$
Alimony or Support Received	\$		\$
Retirement / Pension Benefits	\$		\$
Social Security Retirement Benefit	\$		
Disability Compensation or SSI	\$	<b>Total Monthly Income</b>	\$

### Monthly Expenses

<b>Giving</b>		<b>Other Insurance</b>	
Tithe	\$	Life	\$
Other Charitable Giving	\$	Disability	\$
		Medical	\$
<b>Savings</b>		Dental	\$
Savings / Retirement	\$		
Education	\$	<b>Entertainment / Recreation</b>	
		Dining Out	\$
<b>Housing</b>		Allowances	\$
Mortgage or Rent	\$	Movies, Theater & Sporting Events	\$
Home Equity Loan / Line of Credit	\$	Baby Sitting	\$
Homeowners or Renters Insurance	\$	Vacations or Trips	\$
Real Estate Taxes	\$	Gifts	\$
Maintenance	\$	Cable, Satellite TV, Internet	\$
Electric	\$	Health Club Memberships	\$
Gas	\$	Hobbies and Lessons	\$
Water, Sewer, Garbage	\$	Books and Magazines	\$
Telephone (including cellular phones)	\$	Other	\$
<b>Food and Personal</b>		<b>Professional Services</b>	
Food and personal household items	\$	Child Care	\$
Barber / Beauty Salon	\$	Tuition / Education	\$
Alcohol / Tobacco	\$	Medical and Dental	\$
		Prescriptions	\$
<b>Clothing</b>		Legal	\$
Purchases	\$	Counseling	\$
Laundry / Dry Cleaning	\$	Union or Professional Dues	\$
<b>Transportation</b>		Other Monthly Expense	\$
Vehicle Loan Payment # 1	\$		\$
Vehicle Loan Payment # 2	\$		\$
License Plates / Insurance	\$		\$
Fuel	\$		
Maintenance	\$		
Public Transportation and Parking	\$	<b>Total Monthly Expense</b>	\$