



# First Free Will Baptist Church Of Visalia Financial Assistance Application

## Financial Assistance Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reasons For Seeking Assistance: \_\_\_\_\_

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

## Demographics

Marital Status:  Married  Never Married  Divorced  Separated  Widowed

Children?  Yes  No Ages: \_\_\_\_\_ Are They Living With You?  Yes  No

Are You A Member Of Visalia First Free Baptist Church Of Visalia?  Yes  No

Other Church Home: \_\_\_\_\_

## Employment

Are You Employed?  Yes  No If Yes, employer: \_\_\_\_\_

How Long At Current Job? \_\_\_\_\_

If You Are Not Employed, Are You Actively Seeking Employment?  Yes  No

## Other Information

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

## Case Status (To be filled out by Church Staff):

Left Message: \_\_\_\_\_

Scheduled First Meeting: \_\_\_\_\_ Scheduled Second Meeting: \_\_\_\_\_

Will Assist: \$ \_\_\_\_\_ for \_\_\_\_\_ Declined: \_\_\_\_\_

Out Of Funds/Told To Call Back: \_\_\_\_\_