

APPLICATION FOR CONSUMER AID GRANT

Application date: _____

YOUR INFORMATION

Name: _____ Date of birth: _____

Home address: _____

Cell phone: _____ Email: _____

SPOUSE INFORMATION

Name: _____ Date of birth: _____

Vocation: _____ Cell phone: _____

Children and ages: _____

MINISTRY INFORMATION

Congregation serving or ministry setting: _____

Address: _____

Work phone: _____ Start date: _____ Role/title: _____

Credentials: OWSa OWSe COM CM ML WML BVL*

*Ministers holding a BVL may be eligible for FL funds; please review eligibility guidelines and contact the Director of FinancialLeadership for more information.

If your ministry is in a congregational setting, please complete the following.

Setting: Urban Rural Suburban Other _____ Avg. attendance: _____

Annual budget: \$ _____ Avg. weekly offering: \$ _____

CONSUMER AID QUESTIONNAIRE

Please answer the following questions related to your participation in Financial Coaching.

1. You are applying for a grant that is concerned with:

- Punitive consumer debt Burdensome student loans

2. How much are you applying for? \$ _____

3. What prompts you to apply for this grant?

4. Please describe the circumstances that generated this debt.

5. What are you currently doing to manage this debt?

6. Please complete the debt worksheet (attached).

Signature _____ Date _____

DEBT WORKSHEET

Use this worksheet to list all of your debts (financial obligations) which you normally pay on a monthly basis, such as car loans, student loans, credit cards, or other loans. Include the name/type of the account, the interest rate, the monthly payment, and the balance remaining on the loan.

This worksheet will help you to calculate your total monthly debt payments and your total overall indebtedness.

A: NAME / TYPE OF ACCOUNT	B: TYPE OF DEBT	C: INTEREST RATE (%)	D: MONTHLY PAYMENT	E: REMAINING BALANCE OWED	F: EXPECTED PAYOFF DATE
TOTAL MONTHLY DEBT PAYMENTS (add the numbers in column D):			\$		
TOTAL INDEBTEDNESS (add the numbers in column E):				\$	