

Shepherd's Fund Application for Assistance
Harvest Baptist Church
Rock Hill, SC

Individual Information:

Date: _____

Last Name: _____ First Name: _____ Sex: M F

Street Address: _____ City/Zip: _____

Date of Birth: ___/___/_____

Driver's License or Picture ID Number: _____ State: _____

Marital Status: S M Sep Div Phone Number: _____

If Married:

Spouse's Last Name: _____ First Name: _____

Date of Birth: ___/___/_____

Children:

Last Name	First Name	Gender	Date of Birth	Age
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	
		M F	/ /	

Income (Primary Applicant):

Employer: _____

Employment Income per month: \$_____ per month / Food Stamps/SNAP/SUNCAP: \$_____

Unemployment income per month: \$_____ Social Security per month: \$_____ SSI per month: \$_____

SSD per month: \$_____ AFDC: \$_____ Child Support per month: \$_____

Other Income per month: \$_____

Income (Spouse):

Employer: _____

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Employment Income per month: \$ _____ per month / Food Stamps/SNAP/SUNCAP: \$ _____

Unemployment income per month: \$ _____ Social Security per month: \$ _____ SSI per month: \$ _____

SSD per month: \$ _____ AFDC: \$ _____ Child Support per month: \$ _____

Other Income per month: \$ _____

Expenses: List all monthly expenses that your household has.

Rent: \$ _____ Mortgage: \$ _____ Electric: \$ _____ Cable: \$ _____ Phone: \$ _____ Water: \$ _____

Car Payment: \$ _____ House Insurance: \$ _____ Car Insurance: \$ _____ Health Insurance: \$ _____

Medicines: \$ _____ Other Medical: \$ _____ Food: \$ _____ Clothing: \$ _____ Tobacco Products: \$ _____

Alcoholic Beverages: \$ _____

Does anyone else pay any of your living expenses? Y N If yes, who? _____

Church Membership: (place X on line)

Yes, I am a member of Harvest Baptist Church _____

Yes, I am a regular attendee of Harvest Baptist Church _____

No, I am not a member or regular attendee of Harvest Baptist Church _____

Financial Counseling: (place X on line)

Yes, I would like to start financial counseling as soon as possible _____

No, I am not interested in financial counseling at this time _____

Please list your immediate needs and the amount needed to meet those needs:

Applicant Signature: By signing this, you declare that all of the above information is accurate and true. False statements are grounds for refusing assistance.

Sign full name: _____ Date: _____

Applicant - do not write below this line. Office use only.

Evaluation:

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Date	Counselor's Name	Recommendation	Gospel Presented?

Shepherd's Fund Guidelines

1. Shepherd's Fund is for those members and regular attendees of Harvest Baptist Church who are experiencing a period of unemployment or underemployment or death within the family with accompanying loss of income and are actively seeking new employment. The goal of the fund is to help pay overdue bills or provide groceries or small medical or transportation needs. The Fund is not to take the place of good budgeting and savings prior to job loss.
2. Each application to the Shepherd's Fund can be made up to \$300.00. Up to \$500.00 may be approved with further consideration and approval from the committee overseeing the Fund.
3. No cash money or church check from the Fund may be paid directly to the individual or family. Distribution from the Fund must be made to the creditor (overdue bill or medical/transportation need) or placed on a grocery store gift card (food or other essential need). Otherwise, committee may use Fund to purchase food items directly for applicant.
4. Sixty-days must pass between applications to the Fund by the same individual or family.
5. The same individual or family may apply three times within a 12-month period.
6. At the time of the 2nd application to the Fund by the same individual or family within a 12-month period, then that individual, family, or head of household for the family must agree to undertake and complete financial counseling within the church.
7. Continual applications to the Fund after completing financial counseling require review by the committee overseeing the Fund and possible disqualification from further applications.
8. The deacon board will approve the application form to be used. Accompanying documentation must be provided as to bills and other needs being applied for relief. The deacon board has the authority to decline an application.