



Care Fund Financial Assistance Request

Who is Eligible?

- Bayside Church Members (*completed or attending our Growth Track Series*) **OR**
- Verifiable active Bayside Church attendees (*has filled out a Welcome Card*) and *has provided proof of income*

What is the process and how long does the process take?

- The process can take up to 7-14 working business days.
- NO immediate (same day) assistance is available.
- There is NO rush process for 3-day shutoff notices/evictions.
- A financial review meeting with a budget coach is required for approval.
- **Only** the following bills submitted will be considered:

Utilities	Car payment	Storage Bill
Phone bill	Car Insurance	Dental work
	Cable/Internet	Car repair work

We do not pay for: rent/deposits, mortgage/property taxes, medical bills, or credit card bills.

Instructions

STEP #1 - Fill out the application by hand & provide copies of your bills.

- The bills must be in **YOUR NAME** only (unless you are married and living in the same household). Any bills in someone else's name (even if in the same household – spouses excluded) will **NOT** be considered.
- The bill must show your name, your account number, current balance due, current due date, the vendor's name and mailing address for the check payment (all info is usually on the 1st page of the bill statement)
- We **cannot** use a printout of your "statement of account" to pay a bill.
- Failure to provide bills/lease with the required information will delay the processing of your financial request.

STEP #2 - Return your application with budget template and bills to Bayside Church one of four ways:

- Fill out and save electronically and email to: care@baysideonline.com
- Print/fill out hard copy of form and drop off at the Midtown Office: 2225 19th St. Sacramento, CA 95818
- Print/fill out hard copy of form and drop off at Care Connection Office: 8303 Sierra College, Suite 146, Roseville, CA 95661
- Print/fill out hard copy and mail to: Bayside Church/Care Connection, PO Box 2336, Granite Bay, CA 95746

STEP #3 - Budget Appointment.

- After your application with the completed budget template and bills have been received, our team will contact you to set up a time and location to meet. Care Connection office: 916-746-8602
- Couples must attend together.

Application for Financial Assistance

Today's date: _____

Check which church location you are currently attending:

Bayside Midtown

ELIGIBILITY INFORMATION

When did you first start attending Bayside? _____

Do you belong to a Bayside small group, bible study, support group or life stage group? No Yes

If yes, which one? _____

Leader's name: _____

Which service are you currently attending? _____

Have you taken our membership class? No Yes

Have you sought financial assistance from a Bayside campus before? No Yes

If yes, when and what campus? _____

APPLICANT INFORMATION

Marital status: Single Married Separated Divorced Widowed

Name: _____ **Date of birth:** _____

Address: _____

City: _____ **Zip:** _____

Contact phone: _____ **Email:** _____

Spouse: _____ **Date of birth:** _____

Children's names: & ages: _____

Employer: _____ **Monthly Net Income:** _____

Spouses Employer: _____ **Monthly Net Income:** _____

Other Income:

Unemployment Benefits: \$ _____ per mo.

State Disability: \$ _____ per mo.

Social Security/Medicare: \$ _____ per mo.

Social Security/Disability: \$ _____ per mo.

Worker's Compensation: \$ _____ per mo.

Child Support: \$ _____ per mo.

Spousal Support: \$ _____ per mo.

Living situation: Immediate family _____ Alone _____ With roommate _____ Male or Female

Does your roommate help with rent? No Yes If yes, how much? _____

Are your extended family members aware of your financial need? No Yes. Will they help? Yes No

If no, why? _____

Please summarize why you are currently experiencing a financial crisis at this time:

What steps are you personally taking to solve your current situation? _____

List below ONLY the bills you need assistance with in order of priority
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#1 Bill: _____ **Amount due:** _____ **Due date:** _____

#2 Bill: _____ **Amount due:** _____ **Due date:** _____

#3 Bill: _____ **Amount due:** _____ **Due date:** _____

#4 Bill: _____ **Amount due:** _____ **Due date:** _____

Do you have an eviction notice or a notice to pay or quit? No Yes

If yes, when? _____

Have your utilities been shut off or do you have a shut-off notice? No Yes

If yes, when? _____

READ CAREFULLY BEFORE YOU SIGN

*I understand that applying for assistance **does not guarantee approval**. I understand that I must attend a financial review meeting **before any final decision can be made**. I also give Bayside Church and its representatives permission to discuss my financial situation. I understand there is a **5-7 business day review process**, and I am willing to wait for the results of that review.*

Signature: _____

MONTHLY BUDGET WORKSHEET



Client Name: _____

Date: _____

Income	
Gross Monthly Income 1	_____
Gross Monthly Income2	_____
Take Home Net Income1	_____
Take Home Net Income2	_____
Child Support/Alimony	_____
Other Monthly Income	_____
Other Monthly Income	_____
Total Income	_____

Donations/Tithe _____

Home Expenses

Mortgage/Rent _____

Property Taxes _____

Homeowner/Renter Ins _____

Homeowner's Assoc Fee _____

Home Repair/Maintenance _____

Electricity/Gas _____

Water/Sewer/Garbage _____

Other _____

Telephone (Home/cell) _____

Cable TV _____

Total Home Expenses _____

TRANSPORTATION

Gasoline _____

Maintenance _____

Auto Insurance _____

Auto Registration _____ ⇐ Annual \$/12

Vehicle Loan _____

Vehicle Loan _____

Total Transportation Expense _____

FOOD

Groceries _____

Eating Out _____

Work/School Lunches _____

Tobacco/Liquor _____

Total Food Expense _____

MEDICAL/DENTAL (in addition to work benefits)

Premiums _____

Co-Pays _____

Prescriptions _____

Vitamins _____

Other _____

Total Medical/Dental _____

INSURANCE

Life _____

Disability Insurance _____

Total Insurance _____

PERSONAL

Haircuts/Toiletries _____

Gifts - Birthdays _____

Gifts - Christmas _____

Subscriptions _____

Health Club _____

Household Supplies _____

Storage _____

Adult clothing _____

Total Personal Expense _____

KIDS & KID'S ACTIVITIES

School (Tuition, etc.) _____

Lessons _____

Camp _____

Sports _____

Allowance _____

Child Support Payments _____

Child Care _____

Kids clothing _____

Total Kid Expenses _____

PET CARE

Medical _____

Licensing _____

Food _____

Total Pet Care _____

ENTERTAINMENT

Theater/Videos _____

Hobbies/Clubs/Magazines _____

Netflix _____

Travel/Vacations _____

Weekend Spending _____

Other _____

Total Entertainment Expense _____

SAVINGS

Emergency Savings	_____	Balance
Retirement	_____	
Total Mo Savings/Balance	_____	

DEBT PAYMENTS

Personal Loans	_____	Balance
Student Loans	_____	
Credit Card	_____	
Credit Card	_____	
Credit Card	_____	
Total Debt Pmt/Bal	_____	

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

LEFTOVER MONEY _____