

Argentine Church of the Nazarene

FINANCIAL ASSISTANCE GUIDELINES

**** PLEASE READ BEFORE REQUESTING FINANCIAL ASSISTANCE FROM ARGENTINE CHURCH OF THE NAZARENE ****

Purpose of the Financial Assistance Committee

The Financial Assistance Committee of Argentine Church of the Nazarene is charged with the task of determining what constitutes true need according to biblical directives. We have been charged to be good stewards of the money God has provided to this ministry. Argentine Church of the Nazarene has always been known as “A Home of Help, Hope and Healing.” In that same spirit the Financial Assistance Committee offers a hand up in helping those who are seeking to help themselves.

Qualifications for Financial Assistance

- Applicant must be truly in need, not simply looking for an easy way out of a self-inflicted financial jam.
- No loans will ever be made. Gifts will be given to those individuals and circumstances that meet the criteria as determined by the Financial Assistance Committee.
- Financial Assistance is designed to be a help up, but not a continuous source of household support.
 - Repeat applicants should expect increased input and involvement by the Financial Assistance Committee in their personal affairs. This includes a requirement that the **ALL** members of the household (not just the children of the applicant) regularly attend Argentine Church of the Nazarene for a period of six months before any further requests for assistance will be considered.
- Financial assistance will be paid directly to the debtor. No funds will be given directly to the applicant (you).
- Financial assistance will not be approved for entertainment services, phone bills, internet service, etc.
- Any non-essential monthly expenses (e.g. subscriptions to entertainment services, gym or club memberships, etc.) need to be cancelled or disconnected 14 days prior to submitting this application for financial assistance.

Process

- Following the pattern of Acts 6, **our Financial Assistance Committee handles all requests.** The pastor cannot expedite, approve or disburse funds.
- Applicant must complete the Financial Assistance Request Form in its entirety. **The Financial Assistance Committee will not consider any verbal requests.**
 - Incomplete forms will require you to be contacted and will delay the process by up to 30 days.
- Completed applications should **ONLY** be submitted to a pastor or member of the Financial Assistance Committee. (Outside of accepting the applications, a pastor cannot approve or expedite the process)
- The forms will be reviewed by the Financial Assistance Committee at the next church board meeting.
- **As a small church, Argentine Church of the Nazarene will help with up to, but not exceeding, \$150.**
- A decision will be made on your request and you will be contacted within **3 business days of the board meeting.**
 - **If you have a dispute** as to the decision made, it must be made in writing and submitted via postal mail.
 - If insufficient funds are available, you will be notified and your application will be considered again in 30 days.
- **IF YOU ARE IN CRISIS AND NEED A MORE IMMEDIATE RESPONSE:**
 - An application will need to be filled out in its entirety. The qualifications listed above still apply. Turn the application in to the church. Someone should call within 48-72 hours. Explain the crisis. Please understand that the Pastor cannot make a decision on your Financial Assistance request. Members of the Financial Assistance Committee must meet to discuss your application. A decision will be typically made within 3-5 business days. Disputes are handled in the same manner as above.
 - We cannot guarantee a quick response.

Argentine Church of the Nazarene

Financial Assistance Request Form

Please read the Financial Assistance Guidelines prior to completing this form.

Please print all information clearly.

Personal Information

First Name: _____ Last Name: _____ Spouse's Name: _____

Children's Names & Ages (living with you): _____

Street Address (P.O.Box not accepted): _____

City: _____ State: _____ Zip: _____

Phone # (daytime): _____ Phone # (evening): _____

E-mail address: _____

Marital Status (check one)

Single

Engaged

Married

Separated

Divorced

Widowed

Housing Info (check one)

Rent

Own

Live w/family

Live w/Friends

Homeless

Employment Status

Are you currently employed? (check one) Yes No

If yes, where? (Employer's name, address & phone #)

If you are not currently employed, where and when (date range) did you last work and what was the reason for leaving?

If you are currently seeking employment, what job are you hoping for?

Spouse Employment Status

Check if no spouse and skip to next section

Is your spouse currently employed? (check one) Yes No

If yes, where? (Employer's name, address & phone #)

If your spouse is not currently employed, where and when (date range) did they last work and what was the reason for leaving?

If they are currently seeking employment, what job are they hoping for?

Financial Needs

Tell us about your current need and what you think helped to create it:

Tell us about things you have already done to correct the situation (asked family, made calls, used savings, etc.):

What actions will you take in the future to avoid the need for outside assistance?

Have you previously (in the last 12 months) applied for assistance from Argentine Church of the Nazarene or elsewhere (list all)?

Total amount that you are requesting: \$ _____

- Financial assistance will be paid directly to the debtor. No funds will be given directly to the applicant (you).
- Attach copies of ALL documentation / bills for which you are seeking assistance.
- No assistance will be considered without the relevant documentation.

Provide details for each check that you are requesting:

Lender Name	Lender Contact #	\$ Amount	Due Date	Description of debt

I certify that the information in this document is true and correct to the best of my knowledge.

Applicant Signature: _____ Today's Date: _____

Financial Assistance Team Use Only

What action was taken? _____

Were check(s) written? Check # & To Whom _____

What was the total financial need? _____

Were other sources of help suggested? Where? _____

Approved by (print and sign): _____ Today's Date: _____