1. **GENERAL QUALIFICATION REQUIREMENTS:**
2. You must be a member or have been attending Good News Chapel for at least 6 months.
3. In financial need for the following, but not limited to:
   1. Medical bills
   2. Counseling
   3. Legal fees
   4. Other every day needs (i.e. monthly household bills, vehicle repairs, house repairs, etc.)
4. **APPLICATION PROCESS:**

Step 1: Qualified per the above requirements.

Step 2: Complete written application:

1. Go to gnch.org.
2. Fill out application and submit to [mercy@gnch.org](mailto:mercy@gnch.org).
3. Please read the application in full detail and fill it out with as much detail as possible to prevent delays.

Step 3: Please allow up to 2 weeks for us to review your application and get back to you.

a) If we have any questions, we may email you or ask you for an Interview to review your application. At this time, supporting documents can be presented or specific documents may be requested. Please be prepared to be open/honest about your financial situation

b) Please be aware that your application may be denied or delayed to a later time. You will receive an explanation either through email or in person.

Step 4: Official letter/email summarizing how much aid is granted.

1. If the funds are to be sent to a third party, it will be your responsibility to send us the invoice.
2. **OTHER AID/SUPPORT OPTIONS:**
3. L.A. DEPARTMENT OF MENTAL HEALTH: <http://dmh.lacounty.gov/wps/portal/dmh>
4. CA. DEPARTMENT OF HEALTHCARE SERVICES (i.e. MEDI-CAL): <http://www.medi-cal.ca.gov/>
5. **APPLICANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FIRST NAME: | LAST NAME: | | | | MIDDLE INITIAL: |
| MOBIL PHONE: | | HOME PHONE: | | | |
| EMAIL ADDRESS: | | | DATE OF BIRTH: | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |

* 1. **ARE YOU A MEMBER OF GOOD NEWS CHAPEL?** (Please circle one) YES / NO

**If NO, how long have you been attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please provide the month/year that you first started attending:* \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

* 1. **ARE YOU CURRENTLY EMPLOYED?** (Please circle one) YES / NO

**If YES, who is your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **WHAT IS YOUR MARTIAL STATUS?** (Please check one) Single Married Divorced
  2. **DO YOU HAVE CHILDREN?** (Please circle one) YES / NO

**If YES, please write out their name(s) and age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5) HOW LONG WOULD YOU LIKE FOR US TO WORK WITH YOU?**

**6) WOULD YOU BE OPEN TO RECEIVING FINANCIAL ADVICE TO HELP WITH YOUR SITUATION?**

1. **SOURCE OF INCOME:**

Please complete the following, including unemployment checks, child support, or any other aid.

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **ADDRESS** | **MONTHLY INCOME** | **START /END DATE** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

1. **FINANCIAL NEED BREAKDOWN:**

Please use “N/A” for not applicable.

|  |  |
| --- | --- |
| **MONTHLY EXPENSES:** | |
| HOUSEHOLD | |
| * RENT/MORTGAGE |  |
| * CAR PAYMENT |  |
| * WATER |  |
| * GAS |  |
| * ELECTRICITY |  |
| * LANDLINE/INTERNET/CABLE |  |
| * TRASH |  |
| * AUTO INSURANCE |  |
| * HEALTH INSURANCE |  |
| * MEDICAL NEEDS [medications, doctor visits not covered by insurance, etc.] |  |
| * CHILD CARE/CHILD SUPPORT |  |
| * OTHER: |  |
| * OTHER: |  |
| PERSONAL | |
| * VEHICLE GAS |  |
| * PUBLIC TRANSPORTATION |  |
| * MOBIL PHONE |  |
| * STUDENT LOANS |  |
| * OTHER LOANS |  |
| * CREDIT CARD DEBT |  |
| * OTHER: |  |
| * OTHER: |  |
|  |  |
| **TOTAL MONTHLY NET INCOME** *(total from Section IV*): |  |
| **TOTAL MONTHLY EXPENSES:** |  |
| **RECOMMENDED COUNSELING FEES, IF APPLICABLE:** |  |
| **TOTAL MONTHLY NEED:** |  |

1. **BASIS OF NEED:**

Briefly explain your need in the space provided (*i.e. what the financial aid will be used for*).

|  |
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1. **CONSENT AND LIABILITY WAIVER:**

I CONSENT TO PROVIDE STATEMENTS AND OTHER SUPPORTING DOCUMENTS OF MY INCOME/EXPENSES UPON REQUEST FOR VERIFICATION PURPOSES ONLY. \_\_\_\_\_\_\_(please initial)

BY SIGNING BELOW, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASES AGAINST ALL LIABILITY FOR ANY PERSONAL INJURY OR ILLNESS, LOSS OR DAMAGE TO PROPERTY, OR COSTS, INCLUDING COURT COSTS AND ATTORNEYS’ FEES THAT MAY RESULT FROM OR ARISE OUT OF THE RECEIPT OF ANY AID PROVIDED BY OR THROUGH GOOD NEWS CHAPEL.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PARTICIPANT’S SIGNATURE |  | PARTICIPANT’S PRINTED NAME |  |  | DATE |

**All matters relating to applicant personal records and information are considered confidential and are treated as such by the staff of Mercy Ministries. Information regarding such matters cannot be given without the written consent of the applicant**.

|  |  |  |
| --- | --- | --- |
| ***FOR OFFICE USE ONLY*** | | |
| **DATE RECEIVED:** | **INTERVIEW DATE:** | **APPROVAL DATE:** |
| **RECEIVED BY:** | **INTERVIEWER:** | **APPROVAL AMOUNT:** |