



Seventh-day Adventist Church

KNOXVILLE GRACE

Financial Assistance Application

Please fill out this application completely. Incomplete applications will be denied without consideration. If something on the form does not apply, write "NA" in the blank. Attach additional pages if needed.

PLEASE NOTE

- Submission of this application does not guarantee that you will receive financial assistance.
- This application should be returned to the pastor, treasurer, assistant treasurer, or elder of the Knoxville Grace Seventh-day Adventist Church.
- Submitted applications are reviewed by the Board of the Knoxville Grace Seventh-day Adventist Church, which meets once per month.
- The Board may request additional information prior to processing your application.

SECTION I: APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)	Social Security Number (SSN)	
Driver's License (DL) Number	DL Expiration Date (mm/dd/yyyy)	DL State	
Please attach a photocopy of your driver's license to your application before submission.			
Home Phone Number () -	Mobile Phone Number () -	E-mail Address	
Physical Address of Current Residence			Apartment/Suite Number
City	State	Zip Code	
Mailing Address (if different)			Apartment/Suite Number
City	State	Zip Code	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed (For how long? _____) <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other (Please specify: _____)			
Name of Employer		Phone Number () -	
Address			Apartment/Suite Number
City	State	Zip Code	
Is the applicant currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the applicant have sufficient transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant or a household family member of the applicant received financial assistance from the Knoxville Grace Seventh-day Adventist Church in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			



SECTION II: FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together. Attach another sheet if needed. Family Size

First and Last Names	Birth Date (mm/dd/yyyy)	Relationship to Applicant
1		
2		
3		
4		
5		
6		

SECTION III: ASSET INFORMATION

Current Checking Account Balance \$	Does your family have any of these other assets? (please check all that apply.) <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> 401K
Current Savings Account Balance \$	<input type="checkbox"/> Trust(s) <input type="checkbox"/> Own a business <input type="checkbox"/> Property (excluding primary residence) <input type="checkbox"/> Health Savings Account(s)

SECTION IV: MONTHLY INCOME

All adult family members' income must be disclosed. Sources of income include, for example:

- Wages • Self-employment • Unemployment (Currently looking? _____) • SSI
- Workers Compensation • Disability • Child/Spousal Support • Work Study Programs (students)
- Retirement Account Distributions • Pension • Other (Please specify, _____)

Employer's Name or Source of Income	Total Monthly Gross Income (before taxes)
1	
2	
3	
4	
5	
Does the applicant or any of his/her family members receive state public assistance services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Monthly Gross Income (add all monthly income)

You must provide information on your family's income. Income verification is required to determine financial assistance. **All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income. Examples of proof of income include:**

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach additional page with an explanation.



SECTION V: MONTHLY EXPENDITURES

Tax Withholdings and Payment Deductions	Amount
Federal Income Tax	
State and/or Local Income Taxes	
Social Security and Medicare Tax	
Employer Health Insurance Premium	
Employer Retirement Plan Contribution (e.g., 401K)	
Other	
	TOTAL

Monthly Net Income

(subtract total monthly withholdings and deductions from monthly gross income)

Housing	Amount
Mortgage Payment or Rent	
Home or Renter's Insurance	
Home Furnishing and Decoration	
Household Products	
Other	

Utilities	Amount
Electric	
Gas	
Water and Sewer	
Trash Service	
Telephone	
Entertainment (e.g., cable/satellite TV, streaming services)	
Internet	

Transportation	Amount
Automobile Loan Payment	
Automobile Insurance	
Gasoline	
Maintenance	
Other	

Personal	Amount
Food	
Clothing	
Toiletries/Cosmetics	
Entertainment (e.g., movies, dining out, etc.)	
Medical, Dental, and Vision	
Vacation	
Other	



