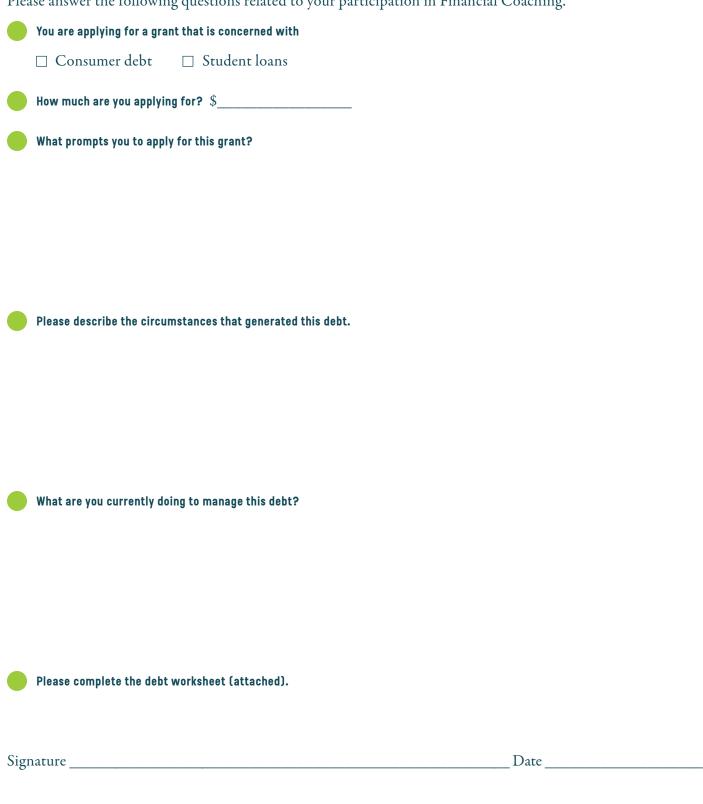
## APPLICATION FOR CONSUMER AID GRANT



YOUR INFORMATION		
Name		Date of Birth
Home Address		
SPOUSE INFORMATION		
Name		Date of Birth
Vocation		Cell Phone
MINISTRY INFORMATION		
	istry Setting	
Congregation Serving or Min		
Congregation Serving or Min Address		
Congregation Serving or Min Address Work Phone Covenant Credentials: □ 0	Start Date OWSa □ OWSe □ COM be eligible for FL funds; please	
Congregation Serving or Min Address Work Phone Covenant Credentials: □ C *Ministers holding a BVL may of Financial Leadership for mo	Start Date OWSa □ OWSe □ COM be eligible for FL funds; please	Role/Title CM IML WML BVL* review eligibility guidelines and contact the Director
Congregation Serving or Min Address Work Phone Covenant Credentials: □ C *Ministers holding a BVL may of Financial Leadership for mo	Start Date DWSa □ OWSe □ COM be eligible for FL funds; please re information. al setting, please complete the follo	Role/Title CM IML WML BVL* review eligibility guidelines and contact the Director

## **CONSUMER AID QUESTIONNAIRE**

Please answer the following questions related to your participation in Financial Coaching.



## **DEBT WORKSHEET**

Use this worksheet to list all of your debts (financial obligations) which you normally pay on a monthly basis, such as car loans, student loans, credit cards, or other loans. Include the name/type of the account, the interest rate, the monthly payment, and the balance remaining on the loan.

This worksheet will help you to calculate your total monthly debt payments and your total overall indebtedness.

A. NAME/TYPE OF ACCOUNT	B. TYPE OF DEBT	C. INTEREST RATE	D. MONTHLY Payment account	E. REMAINING BALANCE OWED	F. EXPECTED PAYOFF DATE
<b>TOTAL MONTHLY DEBT PAYMENTS</b> (add the numbers in Column D)			\$		
TOTAL INDEBTEDNESS (add the numbers in Column E)				S	