

# **PIN FINANCIAL ASSISTANCE REQUEST FORM**

## **Clear Creek Community Church**

**NOTE: Clear Creek Community Church does not provide financial assistance for people who do not attend our church.**

If you do not attend Clear Creek Community Church you can contact one of the following organizations who may be able to help you:

**M.I. Lewis Social Service Center                      281-534-2043**

**Interfaith Caring Ministries                              281-332-3881**

<b>PIN PROCESS – Please Read Carefully</b>
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- **Complete the entire form. Incomplete forms cannot be processed.**
- **You will receive a call within two business days of when you submit the PIN request to clarify any questions and to schedule an appointment with a PIN group representative.**
- **PIN financial assistance appointments are conducted on Tuesdays and Wednesdays only. Please bring all bills and documents with you to your appointment. CCCC must have a copy of the bill in order to assist you.**
- **The PIN volunteer is not able to make a decision to provide resources during the appointment.**
- **All requests for financial assistance are reviewed by the PIN group on Wednesdays of each week. Only after approval by the PIN group will the PIN Financial request be processed.**
- **PIN checks are cut weekly on Thursday, no exceptions.**
- **PIN checks are mailed directly to the vendor (landlord, utility company, etc.)**

**- DETACH AND KEEP THIS PAGE FOR YOUR REFERENCE -**

# PIN FINANCIAL ASSISTANCE REQUEST FORM

## Clear Creek Community Church

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Cell \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

1.  Yes  No Do you attend CCCC? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Who can we contact (confidentially) to verify your regular attendance at CCCC?

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

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2.  Yes  No Do you actively serve in a CCCC ministry?

Ministry Area: \_\_\_\_\_

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3.  Yes  No Are you in a small group at CCCC?

Leader's Name: \_\_\_\_\_

Names of People Living in Your Home	Age	Relationship

**Describe your faith journey; when, how, if you are a Christian...**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Clear Creek Community Church**

**Describe your present financial situation...**

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**Place of employment:** \_\_\_\_\_  
**How Long?** \_\_\_\_\_

**If currently unemployed, please provide your work history for the last year:**

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# PIN FINANCIAL ASSISTANCE REQUEST FORM, Cont.

Monthly Income Amount: \$ \_\_\_\_\_

Do you have any other sources of income?     Yes     No    Amount: \$ \_\_\_\_\_

Describe Other Income Sources

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Do you have a history of substance abuse?     Yes     No

Is there substance abuse in your home?     Yes     No

Do you practice the discipline of giving?     Yes     No

Have you ever attended a CCCC sponsored Financial Seminar/Group?     Yes     No

	Total	Monthly Amount	Due Date	Past Due
<b>Credit Card</b>	\$ _____	\$ _____	\$ _____	Yes / No
<b>Auto</b>	\$ _____	\$ _____	\$ _____	Yes / No
<b>House / Apartment</b>	\$ _____	\$ _____	\$ _____	Yes / No
<b>Utilities</b>	\$ _____	\$ _____	\$ _____	Yes / No
<b>Other</b>	\$ _____	\$ _____	\$ _____	Yes / No

### AMOUNT OF FINANCIAL ASSISTANCE REQUESTED

\$	_____	Rent
\$	_____	Mortgage
\$	_____	Electricity
\$	_____	Gas
\$	_____	Water
\$	_____	Food
\$	_____	Auto
\$	_____	Grocery Card
\$	_____	Other: _____

**Other Comments:**

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