



# Care Fund Financial Assistance Application

## Who is Eligible?

- Bayside Members - Have completed Growth Track Series and filled out a Connect Card.
- Bayside Attendees - Have filled out a Connect Card **and** been regularly attending one of our campuses for a few months (Adventure, Blue Oaks, Davis, Elk Grove, Folsom, Granite Bay, Midtown).

## What is the process and how long does it take?

- The process can take 7-14 business days.
- **NO** immediate same day assistance is available.
- **NO** rush process for 3-day shutoff notices/evictions, though given higher priority.
- A financial review meeting with a budget coach is required.
- **Only** the following bills submitted with your application will be considered. There are no exceptions.

Cable/Internet	Car Payment	Dental	Rent	Utilities
Car Insurance	Car Repair	Phone	Storage	

**We cannot pay for:** credit card bills, medical bills or mortgages/property taxes.

## Instructions

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### **STEP #1 - Complete the application, budget worksheet & provide copies of your bills.**

- The bills must only be in **YOUR NAME** or your spouse's name. Bills in someone else's name, even if in the same household, will **NOT** be considered.
- The bill must show your name, account number, current balance due, current due date, the vendor's name and check payment address, usually on the 1<sup>st</sup> page of the bill statement.
- We cannot use a printout of your "statement of account" to pay a bill.
- If you are requesting help with rent, please provide a copy of your lease that shows your name, the owner's name, owner's mailing address, rent due and the signature page.
- Failure to provide bills/lease with the required information will delay the processing of your request.  
Note: Bayside will determine what bills, if any, will be paid.

### **STEP #2 - Return your application with budget worksheet and all bills to Bayside in one of four ways:**

- Email the Care Team at: [care@baysideonline.com](mailto:care@baysideonline.com).
- Drop off at the Main Office: 8207 Sierra College Blvd, Roseville, CA 95661.
- Drop off at the Care Office: 8303 Sierra College Blvd, Suite 146, Roseville, CA 95661.
- Mail to: Bayside Church/Care Connection, PO Box 2336, Granite Bay, CA 95746.

### **STEP #3 - Set Budget Appointment.**

- After your application, budget worksheet and bills have been received, the Care Team will contact you to set up a time and location to meet.
- Couples must attend together.

**Questions? Please call Care Connection Office: (916) 746-8602**

# Financial Assistance Application

Today's date: \_\_\_\_\_

**Check which campus you are currently attending:**

**Bayside Adventure**

**Bayside Davis**

**Bayside Folsom**

**Bayside Midtown**

**Bayside Blue Oaks**

**Bayside Elk Grove**

**Bayside Granite Bay**

## ELIGIBILITY INFORMATION

When did you first start attending Bayside? \_\_\_\_\_

Do you belong to a Bayside small group, Bible study, support group or life stage group? Yes No

If yes, which one? \_\_\_\_\_

Leader's name: \_\_\_\_\_

Which service are you currently attending? \_\_\_\_\_

Have you completed Growth Track?  Yes  No

**Have you sought financial assistance from a Bayside campus before?**  Yes  No

If yes, when and what campus? \_\_\_\_\_

## APPLICANT INFORMATION

Marital status:  Single  Married  Separated  Divorced  Widowed

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Children's names & ages:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Monthly Net Income:** \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_ **Monthly Net Income:** \_\_\_\_\_

### **Other Income:**

Unemployment Benefits: \$ \_\_\_\_\_ per mo.

Worker's Compensation: \$ \_\_\_\_\_ per mo.

State Disability: \$ \_\_\_\_\_ per mo.

Child Support: \$ \_\_\_\_\_ per mo.

Social Security/Medicare: \$ \_\_\_\_\_ per mo.

Spousal Support: \$ \_\_\_\_\_ per mo.

Social Security/Disability: \$ \_\_\_\_\_ per mo.

Living situation: Immediate family \_\_\_\_\_ Alone \_\_\_\_\_ With roommate \_\_\_\_\_ Male or Female

Does your roommate help with rent? Yes No If yes, how much? \_\_\_\_\_

Are your extended family members aware of your financial need? Yes No Will they help? Yes No

If no, why? \_\_\_\_\_

**Please summarize why you are currently experiencing a financial crisis:**

**What steps are you personally taking to solve your current situation?**

**List below ONLY the bills you need assistance with in order of priority**

#1 Bill: \_\_\_\_\_ Amount due: \_\_\_\_\_ Due date: \_\_\_\_\_

#2 Bill: \_\_\_\_\_ Amount due: \_\_\_\_\_ Due date: \_\_\_\_\_

#3 Bill: \_\_\_\_\_ Amount due: \_\_\_\_\_ Due date: \_\_\_\_\_

#4 Bill: \_\_\_\_\_ Amount due: \_\_\_\_\_ Due date: \_\_\_\_\_

Do you have an eviction notice or a notice to pay or quit? No Yes

If yes, when? \_\_\_\_\_

Have your utilities been shut off or do you have a shut-off notice? No Yes

If yes, when? \_\_\_\_\_

### PLEASE READ AND SIGN

*I understand that applying for assistance **does not guarantee approval**. I understand that I must attend a budget review meeting **before any final decision can be made**. I give Bayside Church and its representatives permission to discuss my financial situation. I understand there is a **7-14 business day process**, and I am willing to wait for the results of that review.*

Signature: \_\_\_\_\_

## MONTHLY BUDGET WORKSHEET



Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Income</b>	
Gross Monthly Income 1	_____
Gross Monthly Income 2	_____
Take Home Net Income 1	_____
Take Home Net Income 2	_____
Child Support/Alimony	_____
Other Monthly Income	_____
Other Monthly Income	_____
<b>Total Income</b>	_____

**Donations/Tithe** \_\_\_\_\_

**HOME EXPENSES**

Mortgage/Rent \_\_\_\_\_

Property Taxes \_\_\_\_\_

Homeowner/Renter Ins \_\_\_\_\_

Homeowner's Assoc Fee \_\_\_\_\_

Home Repair/Maintenance \_\_\_\_\_

Electricity/Gas \_\_\_\_\_

Water/Sewer/Garbage \_\_\_\_\_

Other \_\_\_\_\_

Telephone (Home/cell) \_\_\_\_\_

Cable TV \_\_\_\_\_

**Total Home Expenses** \_\_\_\_\_

**TRANSPORTATION**

Gasoline \_\_\_\_\_

Maintenance \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Auto Registration \_\_\_\_\_      ⇐ Annual \$/12

Vehicle Loan \_\_\_\_\_

Vehicle Loan \_\_\_\_\_

**Total Transportation Expense** \_\_\_\_\_

**FOOD**

Groceries \_\_\_\_\_

Eating Out \_\_\_\_\_

Work/School Lunches \_\_\_\_\_

Tobacco/Liquor \_\_\_\_\_

**Total Food Expense** \_\_\_\_\_

**MEDICAL/DENTAL** (in addition to work benefits)

Premiums \_\_\_\_\_

Co-Pays \_\_\_\_\_

Prescriptions \_\_\_\_\_

Vitamins \_\_\_\_\_

Other \_\_\_\_\_

**Total Medical/Dental** \_\_\_\_\_

**INSURANCE**

Life \_\_\_\_\_

Disability Insurance \_\_\_\_\_

**Total Insurance** \_\_\_\_\_

**PERSONAL**

Haircuts/Toiletries \_\_\_\_\_

Gifts - Birthdays \_\_\_\_\_

Gifts - Christmas \_\_\_\_\_

Subscriptions \_\_\_\_\_

Health Club \_\_\_\_\_

Household Supplies \_\_\_\_\_

Storage \_\_\_\_\_

Adult clothing \_\_\_\_\_

**Total Personal Expense** \_\_\_\_\_

**KIDS & KID'S ACTIVITIES**

School (Tuition, etc.) \_\_\_\_\_

Lessons \_\_\_\_\_

Camp \_\_\_\_\_

Sports \_\_\_\_\_

Allowance \_\_\_\_\_

Child Support Payments \_\_\_\_\_

Child Care \_\_\_\_\_

Kids clothing \_\_\_\_\_

**Total Kid Expenses** \_\_\_\_\_

**PET CARE**

Medical \_\_\_\_\_

Licensing \_\_\_\_\_

Food \_\_\_\_\_

**Total Pet Care** \_\_\_\_\_

**ENTERTAINMENT**

Theater/Videos \_\_\_\_\_

Hobbies/Clubs/Magazines \_\_\_\_\_

Netflix \_\_\_\_\_

Travel/Vacations \_\_\_\_\_

Weekend Spending \_\_\_\_\_

Other \_\_\_\_\_

**Total Entertainment Expense** \_\_\_\_\_

**SAVINGS**

Emergency Savings	_____	<b>Balance</b>
Retirement	_____	
<b>Total Mo Savings/Balance</b>	_____	

**DEBT PAYMENTS**

Personal Loans	_____	<b>Balance</b>
Student Loans	_____	
Credit Card	_____	
Credit Card	_____	
Credit Card	_____	
<b>Total Debt Pmt/Bal</b>	_____	

**TOTAL MONTHLY INCOME** \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

**LEFTOVER MONEY** \_\_\_\_\_