

# **Bayside CARE FUND Financial Assistance Process**

## **READ CAREFULLY!**

The Bayside CARE FUNDS are managed by **FINANCIAL DISCIPLINES** in Old Roseville. **A scheduled appointment in their office is required for a complete review of your financial situation by a financial counselor.** Bayside will base your assistance on that review. Your application will be under consideration as long as the Care Funds are available. This fund can be depleted at times due to a high volume of applications.

**TIME FRAME:** 5-7 working days to process. **NO immediate (same day) assistance is available.**

**ASSISTANCE:** **ONE TIME** help is offered for a person/family trying to overcome a financial crisis.

### **ELIGIBILITY REQUIRED:**

- **Bayside Church Member** (those who have completed the 101 membership class)
- **Or a verified active attendee** (verification is required in our data base)

### **BILLS THAT CAN BE CONSIDERED:**

<b>Rent/mortgage</b>	<b>Car payment</b>	<b>Car Insurance</b>
<b>Utilities</b>	<b>Phone/Internet</b>	<b>DMV Registration</b>
<b>Storage Unit</b>	<b>Car Repair work</b>	<b>Dental work</b>

## **COMPLETE ALL 4 STEPS:**

**STEP #1 – Fill out the application by hand and provide copies of the actual bills you are asking Bayside to consider helping you with.** We need a copy of the “current bill”. The bill must include your name, your account number, the current amount due and the company mailing address. (if you are approved we mail payments directly to the vendor, so we need a valid mailing address). If you have an online account click on “PRINT BILL”, we must have the actual formal bill. For rent assistance we would need a copy of your signed rental lease agreement for verification.

**STEP #2 – Return your application & copies of your bills to Bayside Church first.** Returning options – scan and email to: juliee@baysideonline.com, or fax to Bayside 746-8634, or drop off at the Main Office, 8203 Sierra College Blvd. Roseville, or mail to Bayside Church/Care Ministry, PO Box 2336, Granite Bay, CA 95746.

**STEP #3 – Call Financial Disciplines to set up your review appointment: 787-4541.** (spouses MUST attend the financial review appointment together). Come to the following address for your appointment: **228 Riverside, Roseville, CA 95678.** (corner of Riverside & Third St.)

**STEP #4 – Bring ALL of your bills & expenses with you to your financial review appointment,** not just the ones you are asking us to assist with. **All your bills are needed to create a budget for you** which is part of the approval process.

**Write down your appointment - Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**KEEP THIS COVER SHEET – return ONLY the application**

# Care Fund Application for Financial Assistance

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

Have you sought financial assistance from Bayside before?  No  Yes If yes, when? \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widowed

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

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

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

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Spouses Employer: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

## Other Income:

Unemployment Benefits : \$ \_\_\_\_\_ per mo. Workman's Comp.\$ \_\_\_\_\_ per mo.

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

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

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

**Church attendance** – approximately how long have you been an **active regular attender** of Bayside Church:

\_\_\_\_\_ Months \_\_\_\_\_ Years . Which service day/ time do you usually attend? \_\_\_\_\_

Have you attended our Bayside 101 Membership class?  No  Yes If yes, when? \_\_\_\_\_

Do you belong to a Bayside small group, support group or life stage class or bible study? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Leaders name: \_\_\_\_\_

Is your small group/class aware of your financial needs?  No  Yes If yes, how have they helped you?  
\_\_\_\_\_

Are you also attending another church while attending Bayside?  No  Yes

If yes, name of the church: \_\_\_\_\_

Have you requested financial assistance from that church?  No  Yes

If yes, what bills have they helped you with? \_\_\_\_\_

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

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

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

If not, why? \_\_\_\_\_

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

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

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## List bills you need assistance with in order of their 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? \_\_\_\_\_

### **READ CAREFULLY BEFORE YOU SIGN**

I fully understand **that I am required to call Financial Disciplines** to make an appointment for my financial review before any final decision can be made. I also give Bayside Church and it's representatives permission to discuss my financial situation with Financial Disciplines. **I understand there is a 5-7 day review process and I am willing to wait for Bayside to call me with the results.**

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