



OUR MISSION:

Four Churches. One Purpose.

Empowered by God's love to meet the needs of the people.

Dear Prospective Applicant,

The LaSalle Ministry Alliance is a cooperative ministry set up by LaSalle Community Church, LaSalle First Presbyterian Church, Lighthouse Community Church and Shepherd of the Valley Lutheran Church.

You are very important to us. Completion of the attached forms will help us to better understand your need and evaluate our resources and ability to render assistance. While our desire is to help everyone with a genuine need, our resources are limited. We have adopted the following application process:

1. Complete the **BENEVOLENCE REQUEST, APPLICATION FOR ASSISTANCE, AND MONTHLY INCOME AND EXPENSES WORKSHEET.**
2. Email or Mail documents to the appropriate address below.
3. Call the Caring & Sharing Director, Amber at 970-534-5122, to let her know you have emailed/mailed your application. She makes every effort to return calls in a timely manner.
4. You will be contacted for an interview. This can be scheduled in-person or over the phone (as determined by the Caring & Sharing Director).

****PLEASE NOTE: An appointment with this ministry is not a guarantee that assistance will be given. However, our goal is to make a decision as soon as possible. ****

Please return the attached application via EMAIL to: lmacaringandsharing@gmail.com

Please return via US MAIL to **P.O. Box 634 LaSalle, CO. 80645**
ATTN: CARING & SHARING

The following documents are REQUIRED with your application:

- A copy of your driver's license or State issued ID
- A copy of proof of income from all sources.
(paystub(s) as well as proof of child support, alimony, SSI, TANF, etc.)
- A recent bank statement (dated within 10 days of the date of application)
- A lease/bill(s)/paperwork showing pertinent info for assistance requested.

Your application CANNOT be processed until all of the REQUIRED documents are submitted with your application.

P.O. Box 634 LaSalle, CO. 80645 lmacaringandsharing@gmail.com

Benevolence Request

How did you hear about the LaSalle Ministry Alliance? If you have applied before when was the date you last applied?

What type of assistance are you applying for? Food Rent Utility Bill(s)

Other (please describe) _____ Total Requested \$ _____

Please describe your circumstances and reason for your request for help situation/need(s)

If there is more than one financial need, what is the most urgent?

Do you receive additional income? Please list all sources.

(IE: Child support, alimony, social security, etc.)

Are you receiving help from other agencies? YES NO

If yes, please list all (IE: Other church/non-profit or government assistance such as food stamps, Section 8 Housing, Leap, TANF, etc.)

Have you applied for assistance with another church or agency? YES NO

If yes, please list:

Do you have a good family support system? YES NO

Is your family aware of your circumstances? YES NO

Are they able to help you? YES NO

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Application for Assistance

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers Home/Cell _____ Work _____

Email Address _____

Current Employer/Job Title _____

Contact/Phone Number _____ How long have you worked there? _____

Previous Employer/Job Title _____

Contact/Phone Number _____ How long did you work there? _____

Do you attend church regularly? _____ If yes, which one? _____

Would you like assistance finding a church to attend? _____

Telephone Number _____ Pastor's Name _____

Do you have a specific prayer request during this time?

Marital Status: Married Single Other _____

How many people live your in household full-time? Adults _____ Children _____

Names/Ages of all household members (excluding you):

Spouse (if applicable): _____

Other Adult(s) _____ Relationship(s) _____

Does this/these adult(s) work and share financial responsibilities? YES NO

If no, please explain _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

I affirm that the information provided on/with this application is true and correct to the best of my knowledge. I understand dishonesty will result in a denial.

Applicant(s) Signature _____ **Date** _____

Monthly Income & Expenses

Please provide a portrait of your monthly bills/expenses.

GROSS INCOME PER MONTH

SALARY 1 _____

SALARY 2 _____

Other income (IE: Child Support, SSI, etc.)

Tithe _____

Housing:

Mortgage/Rent _____

Insurance _____

Taxes _____

Utility Bills:

Water _____

Gas _____

Electric _____

Trash _____

Phone _____

Cable/Internet _____

Food _____

Vehicle(s):

Payment(s) _____

Insurance _____

Gas _____

Maintenance _____

Medical Expenses

Insurance _____

Medications _____

Dental/Vision _____

Childcare/Daycare _____

Clothing _____

Debts:

Medical Payments _____

Student Loan(s) _____

Credit Cards (total) _____

Loan(s) _____

Other (_____) _____

Other (_____) _____

MISC:

Toiletries _____

Cosmetics _____

Haircuts/Haircare _____

Subscriptions _____

Gifts _____

Recreation/Entertainment:

Eating Out _____

Vacation _____

Activities/Trips _____

Other (_____) _____

Income vs. Expenses

Total income _____

Less total expenses _____

Remaining monthly income _____

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