



## Community Care Financial Assistance

Our primary mission is to maintain housing and utilities for those who are **REGULARLY ATTENDING and connected to** Gateway and who are currently experiencing severe financial crisis.

Filling out this application **DOES NOT** guarantee you a Case Manager appointment or financial assistance. All applications **MUST BE COMPLETED IN FULL**

**READ ALL** guidelines **carefully** before completing and submitting this application. **Be as specific as possible when filling out all your information.**

1. Our primary goal is to maintain housing. Therefore, the assistance we provide is **ONLY** for rent **OR** utilities.
2. Potential recipients **MUST have** 3 references with names (first and last) and phone numbers from **OTHER Gateway attendees** who can **VERIFY** your attendances to be considered for financial assistance.
3. The process typically takes about a week from the time the application is turned in to the time if any funding is approved. Eligible applicants need to have their application turned in **NO LATER than WEDNESDAY at noon (12pm)** to be considered for a Case Manager appointment. **ALL REQUIRED DOCUMENTS (i.e. lease agreement or utility statement) MUST BE ATTACHED TO THE APPLICATION AT THE TIME SUBMITTED OR IT WILL BE CONSIDER INCOMPLETE.** Application must be **Full PAGE** readable and printable even if sent from a phone.
4. If approved to go through the process, a case manager will call you **(THE CALL IS FROM A BLOCK NUMBER)**. Any financial assistance that is given must be approved by the Financial Advisory Board which meets on the following Monday. You will know their decision within 48 hours.
5. **If approved, the check will only be written directly to the provider** (i.e. landlord or utility company). Check will be ready for pick-up or mail on Thursday afternoon.

**ONLY APPLICANTS WHO MEET ALL ELIGIBILITY REQUIREMENTS WILL BE CALLED  
BACK** for an appointment to schedule a meeting with a Case Manager.

FINANCIAL ASSISTANCE APPLICATION PRINT CLEARLY		
NAME:		DATE:
ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:		SECONDARY PHONE:
EMAIL ADDRESS: (PRINT CLEARLY)		

WHAT GATEWAY CAMPUS DO YOU ATTEND?	HOW LONG HAVE YOU ATTEND GATEWAY?
HOW OFTEN DO YOU ATTEND? CIRCLE ONE WEEKLY    TWICE A MONTH    MONTHLY    QUARTERLY    1-3 TIMES A YEAR	
You must have 3 references of Gateway attendees You must include their first and last names and phone numbers	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
ARE YOU IN A SMALL/LIFE GROUP? YES                  NO	IF YES WHEN DID YOU JOIN?
NAME OF LEADER?	
ARE YOU ON A SERVING TEAM? YES                  NO	IF YES WHEN DID YOU START?
NAME OF LEADER?	
HAVE YOU EVER BEEN IN A SMALL/LIFE GROUP OR ON A SERVING TEAM IN THE PAST?	
LEADERS NAME:	START DATE:                  END DATE:

<b>HAVE YOU APPLIED FOR GATEWAY FINANCIAL ASSISTANCE IN THE PAST?</b>					
				<b>YES</b>	<b>NO</b>
<b>IF YES, WHEN WAS IT?</b>					
<b>MONTH AND YEAR:</b>					
<b>IF YES, DID YOU RECEIVE FINANCIAL ASSISTANCE FROM GATEWAY?</b>					
				<b>YES</b>	<b>NO</b>
<b>LIST EVERYONE LIVING IN YOUR HOME:</b>					
Name	Date of Birth	Age	Relationship to Applicant	Employed	If employed what is their monthly income?
			<b>SELF</b>		

<b>WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?</b>	<b>RENT</b>	<b>or</b>	<b>UTILITIES</b>
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**WHAT HAS HAPPENED THAT HAS MADE IT DIFFICULT FOR YOU TO MEET YOUR OBLIGATIONS?**

**DESCRIBE YOUR CURRENT RELATIONSHIP WITH JESUS CHRIST:**

**IF YOU ARE A FOLLWER OF CHRIST WHAT CHANGES HAVE OCCURRED IN YOUR LIFE SINCE ACCEPTING HIM?**

**WHAT WOULD YOU LIKE US TO PRAY FOR YOU?**

<b>Income</b>	
<b>Please list ALL your monthly income in the right-hand column</b>	
<b>YOUR total income for the past 30 days</b>	
<b>Total income for OTHER members in your home for the past 30 days</b>	
<b>Average total household income for the past 90 days</b> This includes income from yourself and all others in your home	
<b>Food Stamps (SNAP)</b>	
<b>Tax return for this year (amount you got back)</b>	
<b>TANF (Temporary Assistance for Needy Families)</b>	
<b>Child Support (you receive)</b>	
<b>SSI/SSDI</b>	
<b>Unemployment Benefits</b>	
<b>Any other income</b>	

Expenses Please list ALL your MONTHLY expenses in the right column	Amount you pay MONTHLY
Rent/Mortgage	
Utilities: Not included in Rent/Mortgage i.e. Electric Gas Water Trash	
Phone Provider Number of Lines	
Cable/TV	
Internet	
Car Year Make/Model	
Car Gas	
Car Insurance Company	
Food and Toiletries	
Child Care You Pay	
Credit Card Debt <span style="float: right;"><u>Total Balance Still Owed \$</u></span>	
Loans <span style="float: right;"><u>Total Balance Still Owed \$</u></span>	
Legal Bill \$ <span style="float: right;"><u>Total Balance Still Owed</u></span>	
Medical/Prescription Bills	
Child Support YOU PAY	
Other	

**THIS SECTION MUST BE COMPLETELY FILLED OUT**

Please list all jobs that you have held in the past 2 years starting with present and working backwards.

**EACH working person in the home must fill out a separate work history sheet**

Employer:	Supervisor/Contact Person	Phone Number
Job Title	Date Hired	Last Day of work
Hours per Week	Rate of pay	
Reason for leaving		

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<b>Complete this section ONLY if you are requesting RENTAL assistance LEASE AGREEMENT MUST BE ATTACH or the application is incomplete</b>			
<b>Is the rent past due for this month?</b>	<b>YES</b>	<b>NO</b>	<b>How many days late?</b>
<b>Is this the first time your Rent is past due?</b>	<b>Yes</b>	<b>NO</b>	
<b>How much is the total past due rent plus late fee?</b>			
<b>Is your name on the lease?</b>	<b>YES</b>	<b>NO</b>	
<b>What is your responsibility portion of the rent?</b>			
<b>How many people are on the lease?</b>			
<b>How long have you lived at this residence?</b>			



**Complete this section ONLY if you are requesting rental assistance MUST ATTACH UTILITY STATEMENT**

Utility Company	Overdue or Disconnected	Amount Past Due	Total Due	Due Date or Disconnection date	Have you called the utility company to make payment arrangements?
Is your name on the bill?		YES	NO		
If no, can you get a letter for the person whose name is on the bill giving you permission to receive assistance with the bill, along with a copy of their I.D.?		YES	NO		

After viewing your budget (page 5) can you see anyway to adjust going forward?

What are you actively doing to NOT being this situation next month/future?

If Gateway can ONLY provide partial or no assistance, how will you attain the rest of the money you need in order to pay your bill?

**REMINDER:** Filling out this application **does not guarantee** you a Case Manager appointment or financial assistance.

**ONLY applicants who meet all the eligibility requirements and have all attached documents submitted with their application will be called back for an appointment to meet with a Case Manager.**

All financial decisions are made by the Financial Advisory Board

~ Thank you for completing this application ~

Applications may be submitted in one of the following ways:

- Email to: [communitycare@gatewaychurch.com](mailto:communitycare@gatewaychurch.com)
- Drop off at: Gateway Church McNeil Campus  
7104 McNeil Dr. Austin, 78729 – 2<sup>nd</sup> flr. of the “Garage”  
Mon-Thurs. 9am – 4pm