



Today's Date: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

DL No: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status:       Married     Separated     Divorced     Single

Children and their ages \_\_\_\_\_  
(enter "none" for no children):

How long have you lived at your current address? \_\_\_\_\_

Do you own or rent your home?    \_\_\_ Own                  \_\_\_ Rent

How did you hear about Celebration Church?

|                     |                          |                      |                           |
|---------------------|--------------------------|----------------------|---------------------------|
| I am a member:      | <input type="checkbox"/> | How long: _____      | Ministries Serving: _____ |
| I am an attendee:   | <input type="checkbox"/> | _____                | _____                     |
| A friend:           | <input type="checkbox"/> | Friend's Name: _____ | _____                     |
| Small Group Leader: | <input type="checkbox"/> | Leader's Name: _____ | _____                     |
| Another Church:     | <input type="checkbox"/> | Church's Name: _____ | _____                     |
| Other:              | <input type="checkbox"/> | _____                | _____                     |

Please give one **personal reference** of someone who has known you (other than a family member) for at least one year.

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

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

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

Where does your closest relative live? City: \_\_\_\_\_ State: \_\_\_\_\_

Does he/she know about your need?     yes                   no

What is your total monthly income at this time? (List monthly income of each contributing family member separately.)

Enter "none" in fields that do not apply.

Total \$ \_\_\_\_\_

Income No. 1 \_\_\_\_\_

Income No. 4 \_\_\_\_\_

Income No. 2 \_\_\_\_\_

Income No. 5 \_\_\_\_\_

Income No. 3 \_\_\_\_\_

Income No. 6 \_\_\_\_\_



Are you receiving assistance from another source?     yes     no

If yes, please give source of assistance and amount/type of assistance received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If NOT employed, please list where and when you were last employed:

Name of last employer: \_\_\_\_\_ Date last employed: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**If faxing, please include: photo ID, BGE bill or eviction notice**

Are you currently tithing (10% of your income to a Church)?     yes     no

If yes, where \_\_\_\_\_

Have you every received assistance from Celebration Church or another source in the past year?     yes     no

Source(s): \_\_\_\_\_

Have you received any financial counseling in the past?     yes     no

Will you take part in a financial planning program at Celebration Church?:     yes     no

Tell us about your need and how you feel we can best help you.

Include what life circumstances brought you to this place.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ ----- ■  
Celebration Church Response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Email** Completed Application Form to: [benevolence@wininlife.com](mailto:benevolence@wininlife.com)