



Community Care Financial Assistance

Our primary mission is to maintain housing for those who are regularly attending Gateway 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.

Be as specific as possible when filling in your information

Read ALL guidelines carefully before completing and submitting this application.

1. Our financial assistance is available for those who **regularly** attend Gateway and are experiencing financial crisis. **Potential recipients MUST have 3 references with first and last names and phone numbers from **other** Gateway attendees who can verify your attendance to be considered for financial assistance.**
2. Our primary goal is to maintain housing. Therefore, the assistance we provide is either for **rent or utilities only**.
3. **The process typically takes about a week from the time applications are turned in to the time any funding is distributed. 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 MUST BE ATTACHED TO APPLICATION or your application will be considered INCOMPLETE.****
4. If approved to go through the process, you will talk with a case manager on Thursday (**she calls from a block number**). Any financial assistance that is given must be approved by the Financial Advisory Board which meets on Monday. You will receive a call back on Tuesday afternoon or Wednesday.
5. **If approved, the checks will only be written directly to a provider** (e.g. landlord or utility company). Check will be ready for mail or pick up on Thursday afternoon.

Applications may be submitted in one of the following ways:

- Email it to CommunityCare@GatewayChurch.com
- Fax it to 512-452-5330 (Attn: Community Care)
- Drop it off at the Office Front Desk –
Located on the 2nd Floor of the “Garage” at the McNeil Campus (Mon–Thurs 9-5)

**Only applicants who meet *all eligibility requirements* will be called back for an appointment and scheduled to meet with a Case Manager.
All financial decisions are made by the Financial Advisory Board.**

Financial Assistance Application

Name:		Date:
Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	
Email Address (This is our primary method of communication):		

Do you attend Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Campus?	If yes, how long have you attended?
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How often do you attend? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2-3 Times per Year	
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**You must have three references from other regular Gateway attendees.
 You must include their first and last names and phone numbers below to be eligible for financial assistance.**

Name:	Phone:
Name:	Phone:
Name:	Phone:

Are you in a Small/Life Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been in a Small/Life Group?
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Small/Life Group Leader's Name:	
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Are you on a Serving Team? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have been on the Serving Team?
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Serving Team Leader's Name:	
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Have you ever been in a Small Group or Serving Team <i>in the past</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete below)	
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Leader's Name:	Start Date:	End Date:
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Have you had an appointment with a Gateway Case Manager in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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If yes, when was the last time: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> 2 or more years ago	
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If yes, did you receive financial assistance from us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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What happened in the past six months that has made it difficult to manage your expenses? <input type="checkbox"/> Job Loss <input type="checkbox"/> Loss of Child Support <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Other (explain below)	
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When did this occur?	
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What type of assistance are you requesting? Rent Utilities
Give an explanation of why you are requesting assistance at this time:

Describe your current relationship with Jesus Christ:

If you are a follower of Christ, what changes have occurred in your life since accepting Christ?

List all the members of your household (including yourself):

Name	Date of Birth	Age	Relationship to Applicant	Employed?	If employed, what is the monthly income?
			Self		

THIS SECTION MUST BE COMPLETELY FILLED OUT

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

Each working adult in the household must fill out a separate work history.

Employer:	Supervisor or Contact Person:	Phone Number:
Type of Job:	Date Hired:	Last Day of Work:
Average Hours Per Week:	Rate of Pay: \$	
Reason for Leaving:		

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Complete this section only if you are requesting rental assistance. MUST ATTACH LEASE AGREEMENT

This for rent? Yes No

Is the rent past due for this month? Yes No

Is this your first month that it is past due? Yes No

How long have you lived at the residence?

Is your name on the lease? Yes No

How many people are on the lease?

How much is total rent payment each month?

What portion of the total is **your** responsibility to pay?

What is the due date of the rent?

Complete this section only if you are requesting assistance with utilities. MUST ATTACH UTILITY STATEMENT

List the Utilities Needing Assistance	Overdue or Disconnected	Due Date	Total Due	Amount Past Due	Have you called the utility company to make payment arrangements?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the bill in your name? Yes No

If no, can you get a letter from the person whose name the bill is in giving you permission to get assistance with the bill, along with a copy of their I.D.? Yes No

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~ Thank you for completing this application ~

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