



Community Care Financial Assistance

Our primary mission is to maintain housing for those who are **REGULARLY ATTENDING** 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 in 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 attendance 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 of funding, if 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 MUST BE ATTACHED TO THE APPLICATION AT THE TIME SUBMITTED OR IT WILL BE CONSIDERED INCOMPLETE.**
4. If your request is approved, a case manager will call you (**THE CALL IS FROM A BLOCKED NUMBER**). Any financial assistance that is given must be approved by Gateway's Financial Advisory Board which meets on Monday. You will be notified of the decision within 48 hours of the board's decision.
5. **If approved, the check will only be written directly to the service provider** (i.e. landlord or utility company). The check will be ready for pick-up or can be mailed on Thursday afternoon if approved.

ONLY APPLICANTS WHO MEET ALL ELIGIBILITY REQUIREMENTS WILL BE CALLED BACK for an appointment 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 ATTENDED 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 GROUP LEADER?		
ARE YOU ON A SERVING TEAM? YES NO	IF YES WHEN DID YOU START?	
NAME OF SERVING TEAM LEADER?		
HAVE YOU EVER BEEN IN A SMALL/LIFE GROUP OR ON A SERVING TEAM IN THE PAST?		
LEADER'S NAME:	START DATE:	END DATE:

HAVE YOU APPLIED FOR GATEWAY FINANCIAL ASSISTANCE IN THE PAST?		
	YES	NO
IF YES, WHEN WAS IT? MONTH AND YEAR:		
IF YES, DID YOU RECEIVE FINANCIAL ASSISTANCE FROM GATEWAY?		
	YES	NO

LIST EVERYONE LIVING IN YOUR HOME:

Name	Date of Birth	Age	Relationship to Applicant	Employed	If employed what is their monthly income?
			SELF		

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

RENT

UTILITIES

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 FOLLOWER OF CHRIST WHAT CHANGES HAVE OCCURRED IN YOUR LIFE SINCE ACCEPTING HIM?

WHAT WOULD YOU LIKE US TO PRAY FOR YOU?

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

Expenses		Amount you pay monthly
Please list ALL your MONTHLY expenses in the right column		
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	Balance Still Owed \$	
Loans	Balance Still Owed \$	
Legal Bills	Balance Still Owed \$	
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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Complete this section <u>ONLY</u> if you are requesting RENTAL assistance LEASE AGREEMENT MUST BE ATTACHED or the application is incomplete		
Is the rent past due for this month?	YES	NO
		How many days late?
Is this the first time your Rent is past due?	Yes	NO
How much is the total past due rent plus late fee?		
Is your name on the lease?	YES	NO
What is your responsibility portion of the rent?		
How many people are on the lease?		
How long have you lived at this residence?		

Complete this section <u>ONLY</u> if you are requesting utility assistance <u>MUST ATTACH UTILITY STATEMENTS</u>					
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 be in 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 submitted all required documents with their application will be called back for an appointment to meet with a Case Manager.

All financial decisions are made by the Gateway Financial Advisory Board

Once completed the applications may be submitted in one of the following ways:

- Email to: communitycare@gatewaychurch.com
- Fax to: Attn: Community Care - 512-452-5330
- Drop off at: Gateway Church McNeil Campus
7104 McNeil Dr. Austin, 78729 – 2nd flr. of the “Garage”
Mon-Thurs. 9am – 4pm