

Agape Source

Agape Gift Investment

1. HOUSEHOLD (Please type or print)

Name of Applicant (Last name, First name, Middle Initial)		DOB	Social Security Number	Telephone Number
Mailing Address (Street, City, State, ZIP code)			Length of Residence	
Applicant's Most Recent Previous Address(Street, City, State, ZIP code)			Length of Residence	
Applicant is: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single/Sepa rated	Has the applicant ever applied for Agape Gift Investment with Agape Source Financial? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of assistance granted	When	
		Municipality		
Number in household: <input type="checkbox"/>	How many are related?	How many are not related?	Total number of people for whom applicant is seeking assistance:	
PEOPLE LIVING IN HOME		RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
1	Name			
2	Name			
3	Name			
4	Name			
5	Name			

NAMES AND ADDRESSES OF PEOPLE OUTSIDE OF HOME WHO ARE-OR MAY PROVIDE FINANCIAL ASSISTANCE

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>Name</td><td></td></tr> <tr><td colspan="3">Mailing Address</td></tr> <tr><td>Relationship</td><td colspan="2">Telephone Number</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>3</td><td>Name</td><td></td></tr> <tr><td colspan="3">Mailing Address</td></tr> <tr><td>Relationship</td><td colspan="2">Telephone Number</td></tr> </table>	1	Name		Mailing Address			Relationship	Telephone Number					3	Name		Mailing Address			Relationship	Telephone Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>2</td><td>Name</td><td></td></tr> <tr><td colspan="3">Mailing Address</td></tr> <tr><td>Relationship</td><td colspan="2">Telephone Number</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>4</td><td>Name</td><td></td></tr> <tr><td colspan="3">Mailing Address</td></tr> <tr><td>Relationship</td><td colspan="2">Telephone Number</td></tr> </table>	2	Name		Mailing Address			Relationship	Telephone Number					4	Name		Mailing Address			Relationship	Telephone Number	
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2. EMPLOYMENT INFORMATION

A. Is applicant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of job:		
If Yes, Name of Employer	Address of Employer	Length of Employment
LIST THREE PREVIOUS EMPLOYERS		
1	Name	Address
		Length of Employment
2	Name	Address
		Length of Employment
3	Name	Address
		Length of Employment
Under what circumstances did the Applicant leave his/her last place of employment?		Date of separation from employment
If unemployed, has applicant registered with Employment Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Highest level of education completed	Was applicant in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____
Job Skills		

B. Are any other members of the household employed? Yes No If **Yes**, who and where? (List below)

	HOUSEHOLD MEMBER	EMPLOYER	TOWN/CITY
1	Name		
2	Name		

3. INVESTMENT REQUESTED

ASSISTANCE REQUESTED: Place a check mark next to each type of assistance being requested. Enter the amounts being requested, if known.

INVESTMENT		AMOUNT	INVESTMENT		AMOUNT
	1. Food	\$		6. Heating Fuel	\$
	2. Rent	\$		7. Household/Personal Supplies	\$
	3. Mortgage	\$		8. Other (specify)	\$
	4. Electricity	\$		9. Other (specify)	\$
	5. LP Gas	\$	TOTAL ASSISTANCE REQUESTED		\$

4. INCOME

INCOME: Check **YES** or **NO** for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members, if they pool their income. Check how often income is received.

TYPE OF INCOME	YES NO	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
		AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	MONTHLY TOTAL
A. Employment	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
B. Public Assist	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
C. Social Security	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
D. Military/ Veterans Benefits	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
E. Retirement or Pension Plan	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
F. Unemployment Benefits	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
G. Worker's Compensation	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
H. Child Support/ Alimony	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
I. SSI—Supplemental Security Income	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
J. Bank Accounts & Cash on Hand	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
K. Income from Relatives	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
L. Other (please specify)	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other	\$
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 5, C)								\$
N. Misspent Income & Unverified Expenditures (during the last 30 days)								\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME								\$
O. LESS: Total monthly work-related expenses (i.e., actual work-related travel up to ordinance maximums, work-related child care, etc.)								\$
TOTAL – MONTHLY HOUSEHOLD INCOME								\$

5. ASSETS

LIST ASSETS, PLEASE LIST YEAR OF ITEM IF APPLICABLE

ITEM	CAN ITEM BE LIQUIDATED	AMOUNT OWED	LIQUIDATED AMOUNT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

6. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	ALLOWED AMOUNT	OFFICE USE ONLY
1. Tithe to Church-(% can be determined by client)	\$	\$	
2. Rent <small>NAME AND ADDRESS OF LANDLORD:</small>	\$	\$	
3. Mortgage – MORTGAGE HOLDER:	\$	\$	
4. Electricity	\$	\$	
5. LP Gas	\$	\$	
6. Heating Fuel <small>TYPE: (i.e., oil, electricity, etc.)</small>	\$	\$	
7. Food	\$	\$	
8. Household/Personal Supplies	\$	\$	
9. Other Basic Needs (please specify)	\$	\$	
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$	\$	

7. OTHER EXPENSES

NOTE: The mentor should be aware of the following to gain an understanding of the applicant's financial situation.

A. Do you have any debts (e.g., bank loans, car payments, credit cards)? Yes No

If **Yes**, give: (1) name; (2) purpose money was borrowed; and (3) amount (list below)

NAME	PURPOSE	AMOUNT
1		\$
2		\$

B. Do you owe any doctors, or have any medical bills? Yes No

If **Yes**, give name and amount (list below)

DOCTOR'S NAME	AMOUNT	DOCTOR'S NAME	AMOUNT
1	\$	2	\$

8. DEFICIT

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$
B. Income (See Section 4)	\$
C. Result (Line A minus line B)	\$

D. Deficit (If line A is greater than line B)	\$
E. *Surplus (If line B is greater than line A)	\$
* NOTE: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 9 to determine if "unmet need" results in eligibility for "emergency" GA.	

9. UNMET NEED

A. Allowed Expenses (See Section 6)	\$
B. Income (See Section 4)	\$
C. Result (Line A minus line B)	\$

D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
E. Deficit (See Section 8, line D)	\$
F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- 1) If Section 8, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$_____ and will not be eligible for Agape Gift Investment **unless** the mentor and Agape Source Financial determines there is need for emergency assistance.
- 2) If Section 9, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
- 3) If there is both an "Unmet Need" (Section 9, line D) and a "Deficit" (Section 9, line E), the applicant will be eligible for the **lower** of the two amounts. This lower amount is the amount of investment the applicant is eligible for in the next 30-day period, or a proportionate amount for a shorter period of eligibility.

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the mentor and Agape Source Financial have the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive an investment; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of Agape Gift Investment eligibility for my household:

Employer(s) (past/present);
 Persons, organizations or businesses referenced in this application;
 Past, present and/or future landlord;
 Bank(s) or financial institutions;
 Department of Human Services or any Social Service Agency in the state where recipient resides.
 The area CAP agency;
 Relatives, specify: _____
 Persons/vendors to whom I owe money (e.g., utility company, fuel dealer, car dealership);
 Physician(s) with information related to my ability to work or receive other benefits: _____
 The following specific sources of information: _____

Agape Source Financial will not knowingly support or supply financial assistance to anyone that is involved in illegal activity, and if deemed necessary, any person receiving assistance may be subject to drug testing at their expense. I also understand that my finances will be transparent, however: will be viewed only by the appropriate people to make determination of my assistance.

Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Mentor's Signature: _____	Date: _____

INSTRUCTIONS

Mentor: This form MUST be used the first time a person applies for **Agape Gift Investment (will be referred to as AGI from here-on)** and then at least every six months. Also, whenever there have been changes in the household (that may affect eligibility) a new application must be taken. Persons receiving investment will have to have all investment checks administered to those they are indebted to and recipient. Participant will endorse check and send to entity that is owed to ensure investment is used for purpose gifted.

1. HOUSEHOLD

The purpose of this section is to determine how many people live with the applicant, their relationship to the applicant, and what other liable relatives the applicant may have.

Although Agape Source should know how many people are living with the applicant, it is important to note that everyone's income will not necessarily be included (see Section 4, INCOME).

Anyone may apply for investment. It does not have to be the "head of the household." It can be anyone who can provide the information the administrator needs to determine eligibility.

The administrator also needs to know the names and addresses of "liable relatives" not living with the applicant to determine if they can provide some assistance to the applicant. "Liable relatives" are spouses, and parents of applicants under the age of 25 who are financially able to assist the applicant.

2. EMPLOYMENT INFORMATION

The purpose of this section is to gain an understanding of the applicant's ability to work. Any applicant who has quit his or her job without just cause or who has been discharged from employment for misconduct may be **ineligible for AGI for the 120-day** period beginning with the date of separation. Furthermore, after people apply for AGI, they are expected to comply with all workfare or work search requirements placed on them.

3. ASSISTANCE REQUESTED

The Administrator should ask the applicant what investment is being requested and check off only those basic necessities requested.

4. INCOME

When determining the applicant's eligibility you must know the applicant's income and income received by other household members. All income will be counted; including: the applicant's Food Stamps, fuel assistance benefits (HEAP, ECIP), Family Development Accounts, Vista income, earned income received by children still in high school, and income received by certain household members. Refer to Section 1, HOUSEHOLD on the application regarding the total number of people for whom the applicant is seeking assistance, since the income of those people would be included. **Actual work-related expenses** must be subtracted from income.

The Administrator must count income received by liable relatives living with the applicant, plus income received by other household members such as children, sisters, brothers, roommates only if they pool their income. Pooling means sharing a dwelling unit and living as a family where funds and expenses are intermingled. There is a presumption that people living in the same dwelling unit are pooling their income, but applicants can rebut the presumption by convincing you they are not sharing resources. This must be proven with cancelled checks or otherwise proof of paying expenses separately.

Example: All the income of an unmarried man and woman living together as a family would be counted.

Example: Two women lived together as roommates for the purpose of splitting costs. One of them applied for AGI. The Administrator should count 100% of the applicant's income but only her share (50%) of expenses. The applicant's roommate's income would not be included because she proved they do not pool their income.

Regardless of how often income is received, the Administrator should determine need by calculating the "Monthly Household Income" based on the next 30 days. The Administrator has the choice of providing assistance for shorter periods than 30 days. The expenses shall include tithes to their church and should be listed as an expense. This will also be utilized in determining the amount of assistance the recipient will receive.

5. ASSETS

This section is important to help the Administrator learn if the applicant has any assets, which he/she can use to meet his/her immediate needs, or which can be converted to cash. The applicant is expected to use money in bank accounts and all other investments. The applicant is entitled to his/her home (although if mortgage assistance is requested, Agape Source Financial may place a lien on it). The applicant can own vehicle(s), provided it is necessary and is not the primary cause for need for investment. The applicant is expected to sell or convert unnecessary assets into cash if he/she will need on going investments.

6. EXPENSES

The Administrator must calculate "Monthly Expenses". In the first column, the Administrator should enter the applicant's *actual expenses* to gain an understanding of the applicant's financial situation. In the next column, the Administrator should enter the amount for each basic necessity that is allowed in the AGI ordinance, *or* the amount actually paid by the applicant, **whichever is less.**

7. OTHER EXPENSES

This section should be used to aid the applicant in budget counseling if they are overextended financially.

8. DEFICIT

This calculation is an initial "screen," or test for eligibility. If there is no deficit, the applicant should be denied AGI unless he or she is an emergency situation. Proceed to Section 9 after completing Section 8.

9. UNMET NEED

This section informs the Administrator whether the applicant is in need of an Agape Gift Investment, if the applicant is eligible for more than a one-time Agape Gift Investment, Agape Source Financial will work with mentor and participant to establish the amount of investment that is needed. The way this investment is paid will be determined by need and situation. Participants should know that the investment will be counted as income, they will receive documentation at the end of year for tax purposes, and that all investment checks will be made payable to those they are indebted to and participant. Participant will have to endorse investment check and send on to the entity they are indebted to.