

Purpose: This form helps Agape Source Financial Corporation understand your situation, determine what support may be available, and connect you with resources that may help stabilize your household beyond a one-time emergency payment.

**Your privacy and dignity matter. Information will be handled respectfully and shared only with people who need to know in order to review your request, coordinate approved assistance, verify documentation, or make referrals with your permission, unless disclosure is required by law or necessary for safety.**

Asking for help during financial challenges can be one of the strongest and most responsible steps a person can take. Completing this form does not guarantee assistance, but it starts a confidential review process.

### 1. Applicant Information

|                      |                      |                                |                      |
|----------------------|----------------------|--------------------------------|----------------------|
| Date                 | Requested Amount \$  | Urgency / due date             | Preferred contact    |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           | <input type="text"/> |
| Full legal name      | Preferred name       | Phone                          |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |                      |
| Email                | Best time to contact | Language / accessibility needs |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |                      |
| Street address       | City / State / ZIP   |                                |                      |
| <input type="text"/> | <input type="text"/> |                                |                      |

### 2. Household and Community Information

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| Adults in household   | Children in household                      | Other dependents                  | Case/account/reference #                     |
| <input type="text"/>  | <input type="text"/>                       | <input type="text"/>              | <input type="text"/>                         |
| Housing status  | <input type="checkbox"/> Rent              | <input type="checkbox"/> Own      | <input type="checkbox"/> Staying with others |
|   | <input type="checkbox"/> Shelter/temporary | <input type="checkbox"/> Unhoused |  |
| Are you facing shutoff, eviction, repossession, medical interruption, or loss of basic needs? |  |                                   |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No                | Deadline / date                   | Who is affected?                             |
|   |  | <input type="text"/>              | <input type="text"/>                         |

### 3. Type of Support Requested

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Budgeting or financial coaching |
| <input type="checkbox"/> Resource navigation/referrals  | <input type="checkbox"/> Rent or housing                 |
| <input type="checkbox"/> Utilities                      | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Food/essentials                | <input type="checkbox"/> Medical                         |
| <input type="checkbox"/> Employment-related need        | <input type="checkbox"/> Childcare/family stability      |
| <input type="checkbox"/> Other                          | <input type="text"/>                                     |

### 4. Request Details

|   |  |   |  |
|---|--|---|--|
| <b>Amount past due \$</b><br><input type="text"/> | <b>Amount applicant can pay \$</b><br><input type="text"/> | <b>Due date</b><br><input type="text"/> | <b>Requested from Agape \$</b><br><input type="text"/> |
|---|--|---|--|

|  |  |  |
|--|--|--|
| <b>Payee/vendor name</b><br><input type="text"/> | <b>Payee phone/email</b><br><input type="text"/> | <b>Account/reference #</b><br><input type="text"/> |
|--|--|--|

**Preferred payment method or payee instructions**

Briefly describe the hardship, crisis, or financial pressure you are experiencing. Include what changed, when it changed, and why help is needed now.

What would approved support help prevent or stabilize? Examples: keeping housing, restoring utilities, getting to work, preserving medical care, maintaining food or basic household needs.

### 5. Resources Already Tried

What resources, people, agencies, churches, programs, employers, or family supports have you already contacted or tried?

### 6. Stabilization Plan

Agape Source Financial Corporation wants to support dignity and long-term stability. A stabilization and follow-up plan will be developed with you to help ensure you have the correct support and guidance. As part of that plan, applicants will create a household budget and work with a mentor/support person as deemed necessary. Please share steps, strengths, or supports that may help you move forward after this request is reviewed.

**Follow-up support is part of the care process, not an optional add-on. Agape Source Financial Corporation will work with you to develop a practical follow-up plan that may include budgeting, mentoring, referrals, and other guidance appropriate to your situation.**

### 7. Income and Essential Expenses

Current income source(s)

Monthly household income \$

Employer / program

Hours/rate if employed

Monthly rent/mortgage \$

Utilities \$

Other essential expenses \$

Is there anything else we should understand about your income, timing of payments, or expenses?

### 8. Documentation Checklist

Attach copies, screenshots, or photos as applicable. Documentation helps confirm the need and may be required before a decision is made.

- |   |   |
|---|---|
| <input type="checkbox"/> Bill/notice              | <input type="checkbox"/> Lease/landlord statement |
| <input type="checkbox"/> Estimate/receipt         | <input type="checkbox"/> Payee information        |
| <input type="checkbox"/> Income/benefit proof     | <input type="checkbox"/> Photo ID                 |
| <input type="checkbox"/> Bank statement or ledger | <input type="checkbox"/> Other proof of hardship  |

Other documentation or notes:

### 9. Referral Preferences

- |   |   |
|---|---|
| <input type="checkbox"/> Housing resources        | <input type="checkbox"/> Utility programs   |
| <input type="checkbox"/> Employment resources     | <input type="checkbox"/> Food/basic needs   |
| <input type="checkbox"/> Credit/budget counseling | <input type="checkbox"/> Benefits screening |
| <input type="checkbox"/> Other                    | <input type="text"/>                        |

Other resource needs or referral notes:

### 10. Privacy, Dignity, and Limited Sharing

Agape Source Financial Corporation respects each person's privacy and dignity. We will handle your information carefully and discuss it only with people who need to know in order to review your request, coordinate approved support, verify information, or connect you to resources you have agreed to consider.

Examples of need-to-know sharing may include staff or volunteers assigned to assistance review, financial officers who process approved payments, a landlord, utility company, provider, or vendor connected to the request, and referral partners only when you authorize or request referral support.

Agape Source Financial Corporation will not share your personal story broadly or use it for publicity without your written permission. Information may also be shared when required by law, audit, fraud prevention, or safety concerns. Records may be retained according to organizational policy.

### 11. Applicant Consent and Certification

- I understand that completing this form does not guarantee assistance.
- I understand Agape Source Financial Corporation may request additional information or documentation before making a decision.
- I authorize Agape Source Financial Corporation to contact the payee/vendor or referral partner as needed for this request.
- I understand my information will be shared only on a need-to-know basis as described above.

**I certify that the information I provided is true and complete to the best of my knowledge. I understand that inaccurate or incomplete information may delay or prevent assistance.**

**Applicant signature**

**Date**

**Printed name**

**Preferred contact for decision**

Anything else you want Agape Source Financial Corporation to know about your request, privacy concerns, or preferred next steps:

### 12. Staff / Reviewer Use Only

Reviewer

Date received

Preferred contact for decision

Documents complete?

Yes

No

Decision

Approved

Denied

Pending more information

Approved amount \$

Reason / notes / referrals offered:

Payment processing notes, follow-up date, or referral details:

Reviewer signature

Date