



Care Fund Financial Assistance Application

Who is Eligible?

- Bayside Members - Have completed Growth Track Series and filled out a Connect Card.
- Bayside Attendees - Have filled out a Connect Card **and** been regularly attending one of our campuses for a few months (Adventure, Blue Oaks, Davis, Elk Grove, Folsom, Granite Bay, Midtown).

What is the process and how long does it take?

- The process can take 7-14 business days.
- **NO** immediate same day assistance is available.
- **NO** rush process for 3-day shutoff notices/evictions, though given higher priority.
- A financial review meeting with a budget coach is required.
- **Only** the following bills submitted with your application will be considered. There are no exceptions.

Cable/Internet	Car Payment	Dental	Rent	Utilities
Car Insurance	Car Repair	Phone	Storage	

We cannot pay for: credit card bills, medical bills or mortgages/property taxes.

Instructions

STEP #1 - Complete the application, budget worksheet & provide copies of your bills.

- The bills must only be in **YOUR NAME** or your spouse's name. Bills in someone else's name, even if in the same household, will **NOT** be considered.
- The bill must show your name, account number, current balance due, current due date, the vendor's name and check payment address, usually on the 1st page of the bill statement.
- We cannot use a printout of your "statement of account" to pay a bill.
- If you are requesting help with rent, please provide a copy of your lease that shows your name, the owner's name, owner's mailing address, rent due and the signature page.
- Failure to provide bills/lease with the required information will delay the processing of your request.
Note: Bayside will determine what bills, if any, will be paid.

STEP #2 - Return your application with budget worksheet and all bills to Bayside in one of four ways:

- Email the Care Team at: care@baysideonline.com.
- Drop off at the Main Office: 8207 Sierra College Blvd, Roseville, CA 95661.
- Drop off at the Care Office: 8303 Sierra College Blvd, Suite 146, Roseville, CA 95661.
- Mail to: Bayside Church/Care Connection, PO Box 2336, Granite Bay, CA 95746.

STEP #3 - Set Budget Appointment.

- After your application, budget worksheet and bills have been received, the Care Team will contact you to set up a time and location to meet.
- Couples must attend together.

Questions? Care Connection Office - 916-746-8602

Financial Assistance Application

Today's date: _____

Check which campus you are currently attending:

Bayside Adventure

Bayside Davis

Bayside Folsom

Bayside Midtown

Bayside Blue Oaks

Bayside Elk Grove

Bayside Granite Bay

ELIGIBILITY INFORMATION

When did you first start attending Bayside? _____

Do you belong to a Bayside small group, Bible study, support group or life stage group? Yes No

If yes, which one? _____

Leader's name: _____

Which service are you currently attending? _____

Have you completed Growth Track? Yes No

Have you sought financial assistance from a Bayside campus before? Yes No

If yes, when and what campus? _____

APPLICANT INFORMATION

Marital status: Single Married Separated Divorced Widowed

Name: _____ **Date of birth:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Spouse: _____ **Date of birth:** _____

Children's names & ages: _____

Employer: _____ **Monthly Net Income:** _____

Spouse's Employer: _____ **Monthly Net Income:** _____

Other Income:

Unemployment Benefits: \$ _____ per mo.

Worker's Compensation: \$ _____ per mo.

State Disability: \$ _____ per mo.

Child Support: \$ _____ per mo.

Social Security/Medicare: \$ _____ per mo.

Spousal Support: \$ _____ per mo.

Social Security/Disability: \$ _____ per mo.

Living situation: Immediate family _____ Alone _____ With roommate _____ Male or Female

Does your roommate help with rent? Yes No If yes, how much? _____

Are your extended family members aware of your financial need? Yes No Will they help? Yes No

If no, why? _____

Please summarize why you are currently experiencing a financial crisis.

What steps are you personally taking to solve your current situation? _____

List below ONLY the bills you need assistance with in order of priority
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#1 Bill: _____ **Amount due:** _____ **Due date:** _____

#2 Bill: _____ **Amount due:** _____ **Due date:** _____

#3 Bill: _____ **Amount due:** _____ **Due date:** _____

#4 Bill: _____ **Amount due:** _____ **Due date:** _____

Do you have an eviction notice or a notice to pay or quit? No Yes

If yes, when? _____

Have your utilities been shut off or do you have a shut-off notice? No Yes

If yes, when? _____

PLEASE READ AND SIGN

*I understand that applying for assistance **does not guarantee approval**. I understand that I must attend a budget review meeting **before any final decision can be made**. I give Bayside Church and its representatives permission to discuss my financial situation. I understand there is a **7-14 business day process**, and I am willing to wait for the results of that review.*

Signature: _____

MONTHLY BUDGET WORKSHEET



Client Name: _____

Date: _____

Income	
Gross Monthly Income 1	_____
Gross Monthly Income 2	_____
Take Home Net Income 1	_____
Take Home Net Income 2	_____
Child Support/Alimony	_____
Other Monthly Income	_____
Other Monthly Income	_____
Total Income	_____

Donations/Tithe _____

HOME EXPENSES

Mortgage/Rent _____

Property Taxes _____

Homeowner/Renter Ins _____

Homeowner's Assoc Fee _____

Home Repair/Maintenance _____

Electricity/Gas _____

Water/Sewer/Garbage _____

Other _____

Telephone (Home/cell) _____

Cable TV _____

Total Home Expenses _____

TRANSPORTATION

Gasoline _____

Maintenance _____

Auto Insurance _____

Auto Registration _____ ⇐ Annual \$/12

Vehicle Loan _____

Vehicle Loan _____

Total Transportation Expense _____

FOOD

Groceries _____

Eating Out _____

Work/School Lunches _____

Tobacco/Liquor _____

Total Food Expense _____

MEDICAL/DENTAL (in addition to work benefits)

Premiums _____

Co-Pays _____

Prescriptions _____

Vitamins _____

Other _____

Total Medical/Dental _____

INSURANCE

Life _____

Disability Insurance _____

Total Insurance _____

PERSONAL

Haircuts/Toiletries _____

Gifts - Birthdays _____

Gifts - Christmas _____

Subscriptions _____

Health Club _____

Household Supplies _____

Storage _____

Adult clothing _____

Total Personal Expense _____

KIDS & KID'S ACTIVITIES

School (Tuition, etc.) _____

Lessons _____

Camp _____

Sports _____

Allowance _____

Child Support Payments _____

Child Care _____

Kids clothing _____

Total Kid Expenses _____

PET CARE

Medical _____

Licensing _____

Food _____

Total Pet Care _____

ENTERTAINMENT

Theater/Videos _____

Hobbies/Clubs/Magazines _____

Netflix _____

Travel/Vacations _____

Weekend Spending _____

Other _____

Total Entertainment Expense _____

SAVINGS

Emergency Savings	_____	Balance
Retirement	_____	
Total Mo Savings/Balance	_____	

DEBT PAYMENTS

Personal Loans	_____	Balance
Student Loans	_____	
Credit Card	_____	
Credit Card	_____	
Credit Card	_____	
Total Debt Pmt/Bal	_____	

TOTAL MONTHLY INCOME _____

TOTAL MONTHLY EXPENSES _____

LEFTOVER MONEY _____