



**CALVARY**  
CHURCH

CONNECT.GROW.REACH

1010 N. Tustin Ave. | Santa Ana | CA

714.973.4800 [www.calvarylife.org](http://www.calvarylife.org)

Thank you for inquiring about Calvary's Emergency Needs Fund (ENF).

Calvary's ENF exists to assist Calvary members and regular attenders experiencing financial crisis that can impact any of us. These monies are available due to sacrificial giving by our Calvary family.

Please follow the instructions below carefully so we can help you as quickly as possible.

Complete all three pages of the enclosed application and return to Calvary's Front Desk Attention: ENF Coordinator. Be as detailed as possible to avoid delays in processing. Please include current copies of bills or rental/mortgage agreements that you are requesting assistance with.

Completed applications with required supporting documentation are reviewed. If approved, checks are issued within seven to ten business days of approval. Checks are made out to the payee and are available for pickup or can be mailed directly to the payee.

If you have questions please call Sheryl Larsen at 714-550-2310 or email at: [ENF@calvarylife.org](mailto:ENF@calvarylife.org).

We count it a privilege to be able to serve you.

Ray Pertierra  
Pastor, Generous Living & ENF Ministries

Sheryl Larsen  
ENF Coordinator

*Instruct them to do good, to be rich in good works, to be generous and ready to share. -1 Timothy 6:18 (NASB)*

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**WHEN FILLING FORM OUT ON A COMPUTER, PLEASE FILL OUT THE HIGHLIGHTED AREAS ONLY**

Date:

Name:  Spouse:

Address:      
Street City State Zip

Home Phone:  Cell:

Email:

1 Names and ages of all those living at the above address (Including Adults):

2 Are you employed?  Where?  Phone:   
Spouse Employed?  Where?  Phone:

3 What are your specific need(s)? PROVIDE COPIES OF BILLS AND RENTAL AGREEMENT/MORTGAGE STATEMENT

Creditor:	<input type="text"/>	Amount Owed:	<input type="text"/>	Date Needed:	<input type="text"/>
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4 Why are you needing financial assistance at this time?

5 Have you ever received financial assistance from Calvary Church before?   
If yes, when, for what need and what was given?

6 Have you applied for government assistance?  If yes, what specific monies are you now receiving (unemployment, welfare, food stamps, aid to dependent children, other)?

a.  Amount Receiving:   
b.  Amount Receiving:   
c.  Amount Receiving:

7 Have you asked anyone else to help you with this need (relatives, friends)?   
If yes, who?  Response:

8 Have you exhausted all other sources of monies such as savings, stocks, CDs, retirement, 401K, 403B, IRAs, etc.?

9 Are you a regular attendee of Calvary Church?  If yes, how long have you been a regular attendee?   
Are you a current member of Calvary Church?  If yes, when did you complete membership classes?   
How many times per month do you currently attend Calvary Church?   
Which service?  Celebration  Elevation  Renovación

10 Do you attend a LifeGroup at Calvary Church?  Which one(s)?   
Who in that group do you know?

11 In what areas of Calvary Church Ministry do you serve?   
For how long?

12 Name one or more person(s) you know, related and unrelated, who attend Calvary Church regularly?

13 Which Calvary Church Pastor knows you best?

14 I authorize members of the Pastoral Care Team to investigate and question creditors and names I have supplied to determine need and verify the information I have supplied. I hereby authorize those creditors to supply information that may be requested.

Signed:

**Members &  
Regular Attenders**

**CALVARY CHURCH OF SANTA ANA  
EMERGENCY NEEDS ASSISTANCE**

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**FUNDS ON HAND**

Amount in Checking	\$	Amount in 401K/403B/IRAS (Retirement)	\$
Amount in Savings	\$	Other Monies on Hand	\$

**MONTHLY EXPENSES**

<b>Tithing (Offering)</b>		<b>Entertainment/Recreation</b>	
Calvary Church		Eating Out	
Other Tithing		Trips	
Tithing Total: \$		Babysitters	
		Activities	
		Gym	
		Other	
		Entertainment/Recreation Total: \$	
<b>Housing</b>		<b>Groceries</b>	
Mortgage/Rent		Groceries Total: \$	
Second/HELOC		<small>Total spent on Groceries (Include Food Stamps Spent)</small>	
Association Fee			
Insurance			
Property Taxes			
Housing Total: \$			
		<b>Medical</b>	
		Health Insurance	
		Life Insurance	
		Doctor/Dentist	
		Prescriptions	
		Other	
		Medical Total: \$	
<b>Utilities</b>		<b>Miscellaneous</b>	
Electricity		Clothing	
Gas		Toiletries, etc.	
Water/Trash		Other: (School/Child Support/Hair/Nails/etc. Be Specific)	
Phone			
TV/Cable			
Internet			
Cell			
Utilities Total: \$			
		<b>Transportation</b>	
		Car Payment(s)	
		Gas/Fuel	
		Car Insurance	
		DMV Tags	
		Bus/Taxi	
Transportation Total: \$			
Monthly CC/Loan Debt From Below: \$		Miscellaneous Total: \$	
		(1) TOTAL EXPENSES: \$	

**MONTHLY NET (After Taxes) INCOME**

**INCOME VS EXPENSES**

	<b>Primary</b>	<b>Other Household Contributor(s)</b>	
Salary			(2) Total Net Income \$
Social Security			(1) Less Total Expenses \$
Gifts			
Other Income*			INCOME LESS EXPENSES \$
<small>*Include Food Stamps, Welfare, Workman's Comp, Disability)</small>	\$	\$	
(2) TOTAL NET INCOME	\$	\$	

**Members &  
Regular Attenders**

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EMERGENCY NEEDS ASSISTANCE**

Please provide information not requested above such as credit cards (CC), loans, etc.

NAME OF CREDITOR OWED	PAY OFF BALANCE OWED	NUMBER OF PAYMENTS LEFT	MONTHLY PAYMENT REQUIRED
TOTAL CC/LOAN BALANCE(S) OWED	\$	TOTAL MONTHLY PAYMENTS	\$

(Enter Monthly Debt CC/Loan Debt on previous page.)

CAR LOAN(S) INFORMATION	PAY OFF BALANCE OWED	NUMBER OF PAYMENTS LEFT	MONTHLY PAYMENT REQUIRED
TOTAL CAR BALANCE(S) OWED	\$	TOTAL MONTHLY CAR PAYMENT(S)	\$

(Enter Monthly Car Payment(s) on previous page.)

TOTAL DEBT OWED TO CREDITORS \$

