



# G-FORCE APPLICATION

2019-2020

Please return complete and signed forms to the WMBC office or email completed forms to [gforce@winklermb.com](mailto:gforce@winklermb.com). Thank you. Page 1 of 4

Name \_\_\_\_\_ Age \_\_\_\_\_

Marital Status  Single  Married  Divorced If Married: Spouse's Name \_\_\_\_\_

Nature of Employment \_\_\_\_\_ Spouse's Employment \_\_\_\_\_

Children's Names and Ages (if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

We are looking forward to our time with you! We view it as a time to get to know you and what is happening in your life. Our goal is to try to connect you with resources and/or resource providers, give you some encouragement, and possibly provide you with new ideas or perspectives to apply to your current situation.

We know that there is so much more to you than the struggle you are having right now. We also know that a struggle in one area of our lives is connected to other areas in our lives. The following questions are designed to explore some of these areas. Please take the time to think about and write out answers to these questions so that both you and the volunteer/staff person you meet with will have a broader picture of what is happening in your life.

### Current Situation

Where did you learn about G-Force Ministries? What prompted you to apply?

What is your most pressing need?

How can this ministry assist you in your need(s)?

Are there any other ways this Community Care Ministry can help you?

In applying for the use of a car, how long do you foresee having the car? What are your plans for purchasing a car?

**Emotional, Physical, and Relational**

Are there health issues that complicate matters for you now and if so, in what ways?

[Empty text box for health issues]

Who are the most important people in your life right now? How has your relationship been with them lately?

[Empty text box for important people]

Who are the people in your life that give you encouragement & support? In what specific ways are they encouraging & supporting you? May we contact them? If yes, what is their phone number?

[Empty text box for encouragement & support]

In general, how have you been feeling?

[Empty text box for general feelings]

**Spiritual**

Where does God fit into your life?

[Empty text box for God's role in life]

Do you attend church?  Yes  No

How often?  Weekly  Monthly  Yearly

Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Has your church given you financial assistance? To what extent? Do you need to repay the church?

[Empty text box for financial assistance]

Do you attend a Small Group/Care Group?  Yes  No

**OR** Do you have a Support Group?  Yes  No

**Growth and Self Development**

What are you learning about yourself through your current situation?

[Empty text box for self-learning]

Are there any areas of your life in which you would like to learn or grow?

[Empty text box for areas to learn or grow]

Are you willing to meet with a member of the G-Force committee? If no, please explain.

[Empty text box for meeting willingness]

## Financial

Included with this profile is a monthly budget worksheet. This can be a very helpful tool in organizing your thoughts about the way that money comes in and goes out of your household. Please complete both worksheets as completely as possible. You will need it for your appointment.

### What I Spend Monthly

#### Fixed Expenses

##### Housing

\_\_\_\_\_ Mortgage or Rent  
 \_\_\_\_\_ Taxes  
 \_\_\_\_\_ Insurance  
 \_\_\_\_\_ Misc Fees

##### Communication

\_\_\_\_\_ Home Telephone  
 \_\_\_\_\_ Long Distance  
 \_\_\_\_\_ Cell  
 \_\_\_\_\_ Internet

##### Utilities

\_\_\_\_\_ Gas  
 \_\_\_\_\_ Electric  
 \_\_\_\_\_ Water  
 \_\_\_\_\_ Trash  
 \_\_\_\_\_ Other

##### Insurance

\_\_\_\_\_ Auto  
 \_\_\_\_\_ Health  
 \_\_\_\_\_ Life  
 \_\_\_\_\_ Disability  
 \_\_\_\_\_ Other

##### Debt Repayment

\_\_\_\_\_ Car Loan  
 \_\_\_\_\_ School Loan Credit  
 \_\_\_\_\_ Cards  
 \_\_\_\_\_ Other

\_\_\_\_\_ **Total Fixed Expenses**

#### Variable Expenses

##### Household/Personal

\_\_\_\_\_ Groceries  
 \_\_\_\_\_ Clothes  
 \_\_\_\_\_ Household Items

##### Personal

\_\_\_\_\_ Liquor/Tobacco  
 \_\_\_\_\_ Cosmetics  
 \_\_\_\_\_ Haircuts  
 \_\_\_\_\_ Education/Classes  
 \_\_\_\_\_ Misc

##### Professional Services

\_\_\_\_\_ Child Care  
 \_\_\_\_\_ Med/Dental/Prescriptions  
 \_\_\_\_\_ Counseling  
 \_\_\_\_\_ Other

##### Entertainment

\_\_\_\_\_ Meals Out  
 \_\_\_\_\_ Movies/Events  
 \_\_\_\_\_ Other

##### Other

\_\_\_\_\_ Cable/Satellite TV  
 \_\_\_\_\_ Sports/Fitness  
 \_\_\_\_\_ Hobbies  
 \_\_\_\_\_ Subscriptions  
 \_\_\_\_\_ Vacations  
 \_\_\_\_\_ Gifts  
 \_\_\_\_\_ Misc Cash Spent  
 \_\_\_\_\_ Fuel

\_\_\_\_\_ **Total Variable Expenses**

\_\_\_\_\_ My Monthly Spendable Income  
 \_\_\_\_\_ Less My Monthly Expenses  
 \_\_\_\_\_ **The Bottom Line**

### Financial Big Picture

#### Income

\_\_\_\_\_ Monthly Income #1 after Taxes  
 \_\_\_\_\_ Monthly Income #2 after Taxes  
 \_\_\_\_\_ Child Tax Credit  
 \_\_\_\_\_ Other Income (GST Credit, etc.)  
 \_\_\_\_\_ **Total Monthly Income**

#### Assets - What I Own (Current Value)

\_\_\_\_\_ Chequeing Account Balance  
 \_\_\_\_\_ Savings Account Balance  
 \_\_\_\_\_ Home (market value)  
 \_\_\_\_\_ Other Property (market value)  
 \_\_\_\_\_ Mutual Funds/Stocks/Bonds  
 \_\_\_\_\_ Insurance (cash value)  
 \_\_\_\_\_ RRSP/Retirement Funds  
 \_\_\_\_\_ Car (Yr \_\_\_\_\_ Model \_\_\_\_\_ )  
 \_\_\_\_\_ Car (Yr \_\_\_\_\_ Model \_\_\_\_\_ )  
 \_\_\_\_\_ Other  
 \_\_\_\_\_ **Total Assets**

#### Debt - What I Owe

Owe	Int. Rate
_____	_____ Mortgage (current balance)
_____	_____ Car Loan
_____	_____ Home Equity Loan
_____	_____ Finance Company
_____	_____ Friends/Relatives
_____	_____ Department Stores
_____	_____
_____	_____ Credit Cards
_____	_____
_____	_____ School Loans
_____	_____ CRA (Back Taxes)
_____	_____ Other
_____	_____
_____	_____
_____	_____ <b>Total Debt</b>



**References**

Please provide two references (no family members please) that we may contact to learn more about your current situation.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**An agreement with WMBC**

I understand that Community Care will attempt to assist me in addressing my current needs. I acknowledge that consulting with a Community Care Ministry may involve the sharing of my information with other ministries of WMBC on a "need to know" basis and I authorize such sharing of information within WMBC. I understand that the services provided by Community Care are offered without charge or obligation. I agree to WMBC contacting my current church/pastor and the references I have provided.

I further agree to indemnify and hold harmless all volunteers of Community Care Ministry, WMBC, and its employees, agents, counselors, officers, and directors from any claim, suit, action, demand, or liability of any kind and any nature arising out or, or in any manner connected with, my participation in Community Care's services.

I agree to participate in financial mentoring.

Signature		Date		Spouse's Signature		Date
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