

Spirit and Truth Worship Center  
277 Main Street  
Loganville, GA 30052

Curt W. Buckmire      Nedra L. Buckmire  
Senior Pastor            Pastor



## **EMERGENCY ASSISTANCE FUND INFORMATION**

### **ELIGIBILITY:**

The purpose of Spirit and Truth Worship Center's Emergency Assistance Fund (EAF) is to provide material and financial assistance to individuals and families experiencing severe difficulties and hardships of an economic nature. The EAF works in concert with the ministry of Deacons and Helps outreach to persons in need, the sick and shut-in, and the bereaved. However, these ministries are under the oversight of the Elders and the EAF is disbursed by the Elders while the Deacons and Helps may minister some assistance directly from resources it is charged with the responsibility for providing.

### **DEFINITIONS:**

**Emergency:** A non-recurring condition or situation due to unforeseeable reasons or causes beyond the control of the affected person(s). This does not include routine or regular personal financial responsibilities except in the case of extreme mitigating circumstances, which are attributable to cumulative acts of responsibility, imprudent behavior, poor stewardship, or non-essential items (i.e. telephone bills, and the purchase of an automobile).

Therefore, an emergency need is a basic need of food, shelter or clothing and the extent of the assistance is to provide a short-term solution to the problem.

**Assistance:** (Matthew 25:34-46) The EAF is an extension of our love and care for the well-being of others in a tangible way to address the particular situation in a timely and appropriate manner. This is primarily need-oriented which requires a level of sensitivity and discernment as well as sound judgment to respond in a efficient manner. Under no circumstances will this constitute a personal loan for any reason. Any and all assistance will be under-girded and accompanied by spiritual counsel and guidance which is the basis for this ministry.

**Emergency Assistance Fund:** (Mal 3:10) The specific portion of our operating budget established by the tithes and offering to this particular storehouse to respond to the needs of the Body of Christ and to the poor. This is an ongoing commitment of Spirit and Truth Worship Center.

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**ELIGIBILITY:**

1. Spirit and Truth Worship Center members only (must have completed Bootcamp)
2. Individuals referred by outreach ministries of Spirit and Truth Worship Center.

**INDIVIDUAL RESPONSIBILITY:**

1. All efforts must be made to resolve the financial difficulty with a creditor (Landlord, Utility Company, etc.)
2. Utility shutoff notices or eviction notices must be presented with explanation.
3. Outside agencies (Urban League, etc.) should be contacted for possible assistance if eligible.

**ELIGIBLE EXPENSES CONSIDERED:**

1. Rent – (One) month with eviction notice.
2. Gas, Water, Or Electric – Current expenses if budget or reduction plan refused.  
**(No Prior Balances Will Be Paid)**
3. Food – Voucher by family size. If not available, persons will be referred to outside ministries.
4. Clothing, furniture – limited circumstances only (fire, homelessness).

**INELIGIBLE EXPENSES:**

1. Telephone, cable TV, or personal services.
2. Car payments, mortgages notes or down payments
3. Insurance premiums.
4. Installment credit (stores, credit cards, etc.).
5. Student fees or loans.
6. Security deposits.

**NO PERSONAL LOANS UNDER ANY CIRCUMSTANCES**

The Emergency Assistance Fund is not to resolve short-term cash flow problems due to poor stewardship or irresponsible actions. General advice and referrals will be given as appropriate. Failure to cooperate or follow recommended courses of action will result in denial of any further Assistance.



## EMERGENCY ASSISTANCE REQUEST FORM

**Please remember, the Church is not a government-assistance agency.  
All available resources are a result of direct donations from our congregation.  
Please Allow 5 to 7 Days For Processing**

REQUESTED DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS, CLEARLY AND HONESTLY

1. ARE YOU A MEMBER OF THIS CHURCH:  YES  NO

IF NOT, HOW WERE YOU REFERRED TO US? \_\_\_\_\_

\_\_\_\_\_

WHAT CHURCH ARE YOU FROM: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

2. WHAT IS YOUR NEED (PLEASE BE SPECIFIC): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. WHAT AMOUNT ARE YOU REQUESTING? \$ \_\_\_\_\_

4. ARE YOU WILLING TO REPAY (IF SO, HOW SOON \_\_\_\_\_?)  YES  NO

5. WHERE DOES YOUR CLOSEST RELATIVE LIVE? \_\_\_\_\_

6. DO THEY KNOW ABOUT YOUR NEED?  YES  NO

7. ARE YOU RECEIVING ANY AID (FINANCIALLY OR OTHERWISE) FROM A GOVERNMENT AGENCY  
(UNEMPLOYMENT INSURANCE, SOCIAL SECURITY, WORKERS COMP.)  YES  NO

8. HAVE YOU BEEN EMPLOYED LOCALLY?  YES  NO

WHERE? \_\_\_\_\_

9. WHEN & WHERE WAS THE LAST TIME YOU SOUGHT EMPLOYMENT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. ARE YOU WILLING TO WORK TODAY IF WE KNOW OF AN AVAILABLE JOB?  YES  NO

11. HAVE YOU SOUGHT ASSISTANCE AT OTHER CHURCHES IN THE AREA?  YES  NO

IF SO, WHERE? \_\_\_\_\_

12. IF WE ARE UNABLE TO HELP YOU, WHAT OTHER OPTIONS DO YOU HAVE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. IF WE ARE ABLE TO HELP YOU, HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD \_\_\_\_\_  
PLEASE LIST NAMES \_\_\_\_\_  
\_\_\_\_\_

14. DO YOU HAVE SOME FORM OF IDENTIFICATION?  YES  NO

DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING ASSISTANCE

**FOR OFFICE USE ONLY**

Date Application Was Received: \_\_\_\_\_

Approved By: \_\_\_\_\_ Check Payable To Whom: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_