

# OASIS CHRISTIAN CHURCH

## Ministry of Kindness

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## Application Package

I am the Lord All-Powerful, and I challenge you to put me to the test. Bring the entire ten percent into the storehouse, so there will be food in my house. Then I will open the windows of heaven and flood you with blessing after blessing.

Malachi 3:10 (CEV)

# Ministry of Kindness Policies and Procedures

Oasis Christian Church is committed to supporting and encouraging the people of God to be empowered to meet their financial obligations and obtain spiritual awareness and direction.

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1. Oasis Christian Church does not award cash or make checks payable to the applicant under any circumstances.
2. Individuals requesting assistance must actively practice the Tithing principle.
  - Tithing means that 10% of your gross income is given to God through the local church. Malachi 3:8-10 explains how important tithing is to God.
3. Oasis Christian Church never allows checks to be picked up at the Church; Checks are mailed directly to the third party.
4. Financial assistance is limited to **housing and utilities** (electric, gas, and water). Nutritional assistance and other basic needs will be considered.
5. Oasis Christian Church does NOT provide financial assistance for the following:
  - Attorney fees / Legal Fees
  - Cable bills
  - Credit cards
  - Phone bills
  - Reconnection fees
  - Deposits
6. All applicants must provide the original bill or statement from the payee to be submitted with each application.
7. Each request requires up to 7 business days from the date of receipt to process.
8. Oasis Christian Church reserves the right to decline assistance without explanation.
9. I understand that incomplete applications will not be processed.

**By signing this form, I acknowledge that I have read and understand the policies and procedures of the Oasis Christian Church Ministry of Kindness. I understand that I may be asked for additional information to complete the application process.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Ministry of Kindness Application

*(please print)*

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Are you a member of Oasis Christian Church? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

If not a member of Oasis Christian Church, which church are you a member of? Please indicate the name of the church, the location, and the Pastor's name. \_\_\_\_\_

Tithing means that 10% of your gross income is given to God through the local church. Based on this, are you an active tither? \_\_\_\_\_

If you do not tithe, please explain: \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of Minor Children \_\_\_\_\_

Current Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

Monthly household income (gross and net) \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
Yours

\$ \_\_\_\_\_ / \$ \_\_\_\_\_  
Spouse

Total monthly expenses \$ \_\_\_\_\_

Is it your intent to repay these funds? \_\_\_\_\_

If so, what are your plans for repayment \_\_\_\_\_  
\_\_\_\_\_

Reason for requesting assistance (attach additional paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ Date Funds are Needed \_\_\_\_\_

Has the proper documentation been attached? \_\_\_\_\_

Who does the check need to be payable to? \_\_\_\_\_

Are there any other needs, issues or prayer requests that we can assist you with at this time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I do hereby sign this application assuring that the information provided is accurate and truthful. (SUBMIT COMPLETED APPLICATION TO THE CHURCH SECRETARY, MS.EARLENE MARTIN)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date