Hello!
We’re glad you’ve reached out to the White Bucket Project. This page will give you an overview about what the White Bucket Project is and whether it will be a good fit for you. Take some time to read through and let us know if you have questions. Our team can also help you with general budgeting questions, pastoral care, and referrals to other resources in the community that might provide you with further support. Let us know how we can help!
Grace + Peace,
The White Bucket Team

What is the White Bucket Project?
During the ups and downs of life, many people experience both times of plenty and times of need. The White Bucket Project is a way for the people of Mars Hill who have plenty to share with those who are experiencing a time of need.

What kind of help can I receive?
People have all kinds of needs, but the funds in our White Bucket Project are set aside to help those with the following:
- Food
- Utilities
- Basic transportation
- Housing
- Emergency physical and/or emotional health needs

How do I know if I am eligible?
Financial assistance may be available for individuals who have attended Mars Hill regularly for at least three months. In addition, regular attendees of Mars Hill who are helping to support a family member, friend, neighbor, or coworker can refer them to the White Bucket Project.

How do I apply?
To apply, simply fill out our application. The application is designed to provide us with a snapshot of your current situation. It should take about 45 minutes to complete and you will need to fill it out with your bills in front of you. It is important that you are thorough and accurate as the more complete the information you give us, the more effectively we will be able to serve you. If the form is incomplete you will be asked to complete it, which could delay the process.

What is the process after I complete my application?
Once your form has been completed, please return it to Mars Hill via mail [3501 Fairlanes Ave SW, Grandville 49418], email [communitylife@marshill.org], or fax (616.249.3308). You may also drop off the form at the Mars Hill office during business hours [Monday-Thursday, 8:30am-5pm] or at the Welcome Center on Sundays.

The White Bucket Project is staffed by volunteers with a background or expertise in finances. Someone from the team will contact you to discuss your application within 2 business days of receiving your form. After this conversation, you will be notified if your request has been approved and the process will begin to make arrangements for assistance. Cash payments are not given to applicants, so you may be asked for documentation that will help us make direct payments to others [utility company, landlord, etc.] on your behalf. This process typically takes several days, so the earlier you apply, the better.
APPLICATION

For office use only.
Date received: ____________________

PLEASE PRINT

Full Name ___________________________________________ Male _____ Female _____

Age ____________________ Date Of Birth ____________________

Home Phone ____________________ Cell Phone ____________________

Email Address ____________________

Marital Status: Single ______ Married ______ Separated ______ Divorced ______ Widowed ______

Mars Hill Regular Attender: Yes _____ No _____ If no, referred by whom ________________________

Referrer Contact Info [Phone + Email Address] ____________________

Housing: Own/Purchasing _____ Renting _____ Living With Someone _____ Who? ______________________

How long have you lived at your current address? ____________________

Address ____________________

City ____________________ State ___________ Zip ___________

Landlord Or Mortgage Company ____________________ Account Number ____________________

Address Of Landlord Or Mortgage Company ____________________

City ____________________ State ___________ Zip ___________ Phone ____________________

Previous Address [If Less Than 7 Years At Present Address] ____________________

Children’s Names And/Or Dependents Who Are Living With You

__________________________________________________________________________ Age _____ Date Of Birth ____________________

__________________________________________________________________________ Age _____ Date Of Birth ____________________

__________________________________________________________________________ Age _____ Date Of Birth ____________________

Acknowledgment + Release Of Information

The above information is true and complete to the best of my knowledge. Mars Hill Bible Church has my
permission to verify all the information I have provided. I understand that my information is confidential and
will not be shared outside of Mars Hill without my prior knowledge and consent. I further understand that the
information will be used as a means to help me work through my current situation.

Also, I agree to indemnify and hold harmless any and all volunteers or staff members at Mars Hill Bible
Church from any claim, suit, action, demand, or liability of any kind arising from my participation in or
connection with the ministries of Mars Hill Bible Church.

Client’s Signature ___________________________________________ Date ____________________
Immediate Needs

Please list any immediate needs for your household, starting with the most urgent.

1. _____________________________________________________________________________________

2. _____________________________________________________________________________________

3. _____________________________________________________________________________________

4. _____________________________________________________________________________________

5. _____________________________________________________________________________________

What are you hoping we can do for you now? What is your long term plan for on-going financial stability?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

What do you feel are the biggest obstacles standing in the way of you being able to work through your current circumstances?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
FINANCIAL RESOURCES AND INCOME [Please fill in any that apply and calculate total]

Primary Employment / Employer ________________________________ Full-time ______ Part-time ______

Monthly Take Home From This Job $ ________________________

Secondary Employment / Employer ________________________________ Full-time ______ Part-time ______

Monthly Take Home From This Job $ ________________________

Other Income Source ________________________________ Monthly Take Home $ ________________________

Other Income Source ________________________________ Monthly Take Home $ ________________________

Child Support Received Per Month $ ________________________

Food Stamps Per Month $ ________________________

Social Security or SSI Per Month $ ________________________

Unemployment Per Month $ ________________________

Pension Per Month $ ________________________

Total Income and Support $ ________________________

EXPENSES [Fill in any that apply and calculate column totals.]

<table>
<thead>
<tr>
<th>Debt</th>
<th>Payoff Amount</th>
<th>Monthly Payment</th>
<th>Past Due</th>
<th>Monthly Fixed Expenses</th>
<th>Monthly Payment</th>
<th>Past Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Rent</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Home Equity</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Heat</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Car Loan</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Electric</td>
<td>$</td>
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</tr>
<tr>
<td>Medical</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Water/Sewer</td>
<td>$</td>
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<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Trash</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Phone</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Cable</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Childcare</td>
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<td>$</td>
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<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Insurance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Debt</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Total Fixed</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

MONTHLY VARIABLE EXPENSES [Please give your best estimate and calculate totals.]

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Living</th>
<th>Professional</th>
<th>Entertainment</th>
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</thead>
<tbody>
<tr>
<td>Gasoline</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Maintenance</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Bus Fare</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>