

OBLATION AID WORKSHEET

STATISTICAL INFORMATION							
			Date:				
Last	First	M.I.		Membe	ershin #		
				Wiembe	.1311p 11		
Name:							
Spouse:							
Additional Number of Dependents:		(list names/ages/re	elationships belo	N)			
Address:							
Home Congregation:		Mis	ssion Center:				
Cause of Need:							
FINANCIAL CONDITION							
Resources/Assets (estimated)						
Home market value							
Vehicle(s) market value							
	Investments - Savings, CDs						
	Retirement - RRSP, Pension						
Cash Value Life Insurance							
Other							
			7	TOTAL			
Debts / Liabilities			T	1			
			Monthly	Amount Past			
Creditor	Item		Payment	Due	Balance		
		TOTALS					

Spendable	Monthly Income				Starting
	Current		Future		Date
Source:		Source:			
Source:		Source:			
Source:		Source:			
Source:		Source:			
				<u> </u>	
Monthly Li	iving Expenses				Yes/No
, _	Housing - rent/mortgage	Support sou	ight from family/friends		100/110
	Insurance/Taxes		ight from Province/Fede		
	Groceries		ight from other organiza	_	
	Phone				
	Electric / Gas				
	Water / Sewer / Trash	Income/Exr	ense Summary		
	Cable/Satellite TV		,		
	Internet		Present	Future	
	Maintenance / Repairs	Income			
	Childcare				
	Tuition	Expenses			
	Pets	Expenses			
		Difference			
	Transportation	Difference			
	Personal Care				
	Insurance vehicle				
	Medical	N 1 - 1			
	Credit Cards	Notes:			
	Loans				
	Taxes				
	Charities - Church/Others				
	Savings				
	Other				
	Other				
	Total Evnonces				

Assessment:						
Strengths:						
Needs:						
Recommendations:						
Accord Harry Diag						
Agreed Upon Plan						
			1			
Follow Up Ministry - To Review and Discuss Progress						
Plainieu Dates.		Reported by: Responsibility:				
		Responsibility:				
		I dell'est e				
		Jurisdiction:				