

AKB - ASSISTING PEOPLE IN NEED HERE, THERE AND EVERYWHERE

ALLIANCE KINGDOM BUILDERS

An outreach of CHRISTIAN and MISSIONARY ALLIANCE CHURCH OF PARADISE (a California Non-Profit Corporation)

and a division of  Ministry for Men

6491 Clark Road • Paradise, CA 95969 • 530.566.2288 • www.AKBuilders.org

AUTOMOTIVE ASSISTANCE PREQUALIFICATION FORM

PURPOSE STATEMENT:

Helping people with **BASIC OIL AND FILTER CHANGE** that are unable to do it financially on their own
(this is a need vs. a want ministry).

PERSONAL INFORMATION:

NAME _____

SPOUSE'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ DATE OF BIRTH _____

VEHICLE INFORMATION:

MAKE _____ MODEL _____ YEAR _____

ENGINE _____ TRANS: AUTO MANUAL 4X4: YES NO

MILEAGE _____ LICENSE # _____

Work Requested/Vehicle Symptom: _____

Automotive Assistance Authorization and Release

"I hereby declare that I am the owner of the above described vehicle. I hereby authorize volunteers from the CHRISTIAN and MISSIONARY ALLIANCE CHURCH of PARADISE and its outreach ministry ALLIANCE KINGDOM BUILDERS (collectively "AKB") to perform the work requested above. I hereby grant permission to AKB and its volunteers and agents to operate the vehicle described above for the purposes of testing and/or inspection. I understand that all replaced parts will be saved and returned to me. I hereby release AKB and its volunteers and agents from any liability for loss to and/or damage to my vehicle or to articles left in the vehicle whether by fire, theft or any other cause.

I understand that all inspections, testing and work performed on my vehicle are without any warranty and do hereby release and forever discharge and hold harmless AKB and its volunteers and agents from any and all liability, claims, and/or demand of whatsoever kind or nature either in law or in equity, which may result or may hereafter arise from any and all work that is done on my vehicle by AKB.

I have read, understand and accept the terms of this Automotive Assistance Authorization and Release."

NAME: _____ SIGNATURE _____ DATE: _____
(please print)

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Additional Information:

How would you describe your relationship with Christ?

- Seeker/Curious Committed Christian Agnostic New Christian I'm not sure what I believe.
 I've been a Christian for a while but I need to grow closer to Christ.

Do you have a home church? Yes No **If yes, name of church:** _____

Pastor's name _____

May we contact your pastor/friends at your church? Yes No **Does your church know about your needs?** Yes No

Do you attend regularly? Yes No **How frequently?** _____ **Are you a member?** Yes No

If no, would you like to attend PAC? Yes No

I would be interested in being in a small group. Yes No

Please fill in all information that applies to you. Write "N/A" if does not.

GROSS MONTHLY INCOME		APPLICANT	SPOUSE
Employment Income		\$	
Social Assistance			
Child Support			
Retirement			
Social Security			
SSI/Disability			
Other			
How often are you paid?			
TOTAL MONTHLY INCOME:		\$	
MONTHLY EXPENSES		APPLICANT	SPOUSE
Tithes/Contributions		\$	
Rent/Mortgage			
Car Payment(s)			
Auto Insurance			
Auto Gas/Oil			
Electric/Gas/Propane			
Water			
Food			
Phone			
Cable TV			
Daycare			
Child Support			
Credit Cards			
School Loans			
Bank Loans			
Other			
TOTAL MONTHLY EXPENSE:		\$	
INCOME/EXPENSE VARIANCE:		\$	