

Application for Financial Assistance

Ministerial Relief exists to show the love of Christ and the compassion of the gospel by providing financial assistance to:

- Ordained PCA teaching elders;
- Non-ordained employees of the PCA including permanent committees, agencies, presbyteries, churches, and
- constituted missions; and
- Families and dependent survivors of the above.

Eligibility Requirements

Applicants for Financial Assistance should be able to demonstrate substantial hardship due to serious medical conditions (physical or emotional) or other catastrophic loss; or due to limited retirement or disability income. For that purpose, applicants for financial assistance are asked to submit this application detailing the circumstances of the request, providing relevant financial information, and certifying the extent to which they have sought financial help from other sources.

Award Guidelines

Ministerial Relief was established to help care for PCA church servants. We are passionate about seeing each applicant thrive, and we desire to help in the spirit of Christian generosity. However, we are charged with financial responsibility and face the constraints of limited resources. We also want to see each applicant exercise the dignity of image bearers who are given the responsibility to work, as able, and contribute to their own flourishing. To navigate this tension, as we determine eligibility for, and the amount of, Financial Assistance, we will consider the following factors:

- Any income, assets, and potential sources of revenue available to each Relief applicant.
- The extent to which an applicant has sought assistance from other sources, including:
 - Family – Believing families bear an important responsibility to care for those in their own household. 1 Timothy 5:8.
 - Other Individuals – as Christians it is our privilege and responsibility to provide for one another. Galatians 6:2.
 - The Church – the body of Christ, including local church and the presbytery, is an important means God uses to care for his people in distress. Acts 2:42-47.
 - Government – state, local, and federal governments provide a wide variety of social resources for people in financial hardship.

Please know that as we consider this application, we are praying for you and your family.

The information requested is needed to determine your eligibility for Ministerial Relief Fund assistance and the nature and amount of any award. We know this is confidential information and we will treat it as such within the Relief office. It may be necessary for us to contact your church, Presbytery officials or your former PCA employer to obtain additional information. Please indicate your agreement to these conditions by signing below.

Signature _____ Date _____

General Information

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Cell _____ DOB _____

Presbytery _____ Stated Clerk _____

Name of Spouse _____ Cell _____

Church membership _____

Pastor _____ Emergency Contact _____ Phone _____

Dependents living with you: If more space is needed, please list on another page

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Adult Children/Family Members

Name _____	Relationship _____	Phone _____	Ability to help	Yes	No
			_____	_____	_____

Name _____	Relationship _____	Phone _____	Ability to help	Yes	No
			_____	_____	_____

Name _____	Relationship _____	Phone _____	Ability to help	Yes	No
			_____	_____	_____

Church/Ministry Service History*

Church/Ministry last served _____

Position _____

Date of Separation _____ Total years of service in PCA _____

*Teaching Elders

Income	Per Month	Anticipated Expenses	Per Month
Gross Regular Earnings (list sources below) (Do not include PCA Relief award amount)	\$	Tithes and Offerings	\$
		Mortgage/Rent	
		*Property Taxes	
		* Insurance	
Support from family		* Maintenance/Repair	
Support from local church		Utilities	
Support from presbytery		Telephone	
Support from government programs		Cell Phone	
Retirement Accounts		Internet and/or Cable specify one or both	
*PCA Retirement Plan		Food	
*Other Retirement (Identify)		Clothing	
*Pension (Identify)		Medical and Prescriptions	
Insurance Annuity		Automobile	
		*Payments	
Social Security/SSI		*Insurance	
Self		*Gen Maintenance/Repair	
Spouse		*Gas	
Other Sources of Income (identify)			
		Health Insurance	
		*Medicare B (amt deducted from SS check)	
		*Medicare D (amt deducted from SS check)	
		*Other	
		Life Insurance	
		Credit Card monthly payments	
		*How many cards are included?	
		Bank Loans	
		Income provided to family members	
		Recreation/Entertainment	
		Miscellaneous	
Total Monthly Income	\$	Total Monthly Expenses	\$

Assets	Amount	Liabilities	Amount
Cash on hand	\$	Unpaid Bills Please List Below	\$
Checking Account			
Savings Account			
Money Market/CDs			
Stocks/Bonds/Mutual Funds/T Bills/IRAs			
Retirement Accounts			
Market Value of Primary Residence		Credit Card Balances	
Value of other Real Estate		Mortgages	
Auto: Year_____Make_____Value_____		Residence	
Auto: Year_____Make_____Value_____		Other	
Other Assets			
		Installment Loans	
		Auto	
		Other	
		Other Obligations	
Total Assets	\$	Total Liabilities	\$

Please tell us about the health and circumstances of yourself, your spouse, and dependent children, if applicable. You may attach a separate page if needed. ***(This section required)***

Please tell us of your personal needs. Be as specific as possible to help us make a proper determination of your request for assistance. You may add additional pages if needed. ***(This section required)***

Please tell us about your efforts to seek assistance from other sources including family, friends, the church, and government programs. Please detail your efforts, results, names and contact information for each.