

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 _____

Date of Birth _____ Phone _____ Cell _____

Email _____

Pastor _____ Presbytery _____ Stated Clerk _____

Emergency Contact _____ Phone _____ Relationship _____

Name of Spouse _____ Date of Birth _____ Date of Death _____
(If applicable)

Regarding You and Those Who Reside In Your Household

Name	Relationship	Date of Birth

Current monthly income from all sources \$ _____

On a separate sheet, please provide us with a short account of your job search, including contact information.

Please allow 10 business days for review and processing

Health Insurance Carrier_____

Policy number_____Id#_____Group#_____

Address_____

Phone_____ Fax_____

Number of family members insured_____

Monthly Premium \$_____ Date Premium is due_____

Make premium check payable _____

Address_____

City_____State_____Zip_____

Please read and sign below

Please submit a copy of your current bill with your application. It may be provided to us by email, fax, or US mail. You will need to submit your most current bill on a monthly basis before the 20th of each month in order to have that current month's premium paid. Ex. If the award is for January-March, please submit a bill for Jan, a current bill for Feb, and a current bill for Mar. Awards are given on a 3 month basis with an option to renew 1 time for a total of 6 months.

Contact Information

Mail: Ministerial Relief

Attn: Vickie Poole

1700 N Brown Rd Ste 106

Lawrenceville GA 30043

Email: vickie.poole@pcarbi.org

Fax: 678.825.1261 Attn: Vickie Poole

Signature_____