

APPLICATION for FINANCIAL ASSISTANCE
FLORIDA CONFERENCE BOARD OF PENSION & HEALTH BENEFITS
PREACHER'S RELIEF BOARD

STATEMENT of PRINCIPLE:

The funds administered by the PREACHER'S RELIEF BOARD are gifts from donors who love their church and its preachers. These resources are designated to be used to assist preachers who are members of the Florida Annual Conference, retirees and their spouses who have significant financial demands that cannot be met through their personal resources.

NAME of APPLICANT _____

CURRENT ADDRESS _____
(street) (city) (zip)

PHONE NUMBERS: HOME _____ CELL _____ OTHER _____

E-MAIL ADDRESS: _____

Date of Birth _____

Marital Status:

- ___ Married
- ___ Single
- ___ Divorced
- ___ Widowed

Number of dependents residing in your home: _____

Are you serving at a local church or extension ministry? ___ Yes ___ No

If yes, what is the name of the ministry? _____

Number of years serving in Ministry _____ Number of years serving in Florida Conference _____

Conference relationship _____

Annual Salary: (cash + housing allowance (if any)) \$ _____

Is your spouse currently working? ___ YES ___ NO

Spouse's Occupation: _____

Spouse Salary (if working outside the home) \$ _____

Is the Financial Statement completed and attached. Yes ___ if not, when? _____

NOTE: no action will be taken on applications without a completed financial statement.

Tell us why you need financial assistance and the circumstances surrounding this request:

CURRENT FINANCIAL STATEMENT

The purpose of this statement is to inform the Preacher's Relief Board Executive Committee of your current financial status. This information shall be used in determining your eligibility for financial assistance.

Total Annual Household Income	\$	_____
Dividends & Interest	\$	_____
Alimony, Child Support or Separate Maintenance payments	\$	_____
Other sources of income	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL Annual Income	\$	_____

Assets:		
Cash	\$	_____
Stocks & Bonds	\$	_____
C.D.s	\$	_____
Insurance Cash Value	\$	_____
Notes Receivable	\$	_____
Real Estate:		
Residence	\$	_____
Unimproved Land	\$	_____
Income Property	\$	_____
Other	\$	_____
Other Assets & Personal Property	\$	_____

Liabilities:	Total Balance	Monthly Payment
Notes Payable to Banks (other than real estate)	\$ _____	\$ _____
Insurance Loans	\$ _____	\$ _____
Taxes Owed	\$ _____	\$ _____
Bank Cards	\$ _____	\$ _____
Open Revolving Accounts	\$ _____	\$ _____
Automobile Loan	\$ _____	\$ _____
Residence (Mortgage/Rents)	\$ _____	\$ _____
Unimproved Land	\$ _____	\$ _____
Income Property	\$ _____	\$ _____
Other Liabilities	\$ _____	\$ _____

Monthly Estimated Living Expenses:	
Mortgage/Rent (if any)	\$ _____
Utilities	\$ _____
Gasoline	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical (premiums & out-of-pocket costs)	\$ _____
Insurance premiums (Auto, Life, etc...)	\$ _____
Others (define)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL Monthly Expenses	\$ _____

Have you guaranteed or endorsed notes of any other person? ___ Yes ___ No If yes, please explain:

Are there any judgments against you? _____

Are you a party to a lawsuit? Yes _____ No _____

Are you delinquent on any loans or debts? If so, please describe which ones and how much. _____

Value of disposed assets in last 12 months \$ _____

List the assets that were disposed:

Do you anticipate benefits from wills, trusts or gifts in the near future? If so, what do you expect that value to be
\$ _____

Have you previously received a grant from the Preacher's Relief Board? ___ Yes ___ No

If yes, when was the grant given and what was the amount granted? _____

Signature of applicant: _____

Date: _____