

Application for Pastoral Financial Assistance Grant

Name _____

Title and position _____

Birth date _____ Email address _____

Home address _____
Street City State ZIP

Home phone _____ Cell phone _____

Spouse's name _____ Spouse's vocation _____

Dependents' names and dates of birth _____

Do you own your home rent live in a parsonage

Role full-time part-time

If part time, what is your other employment? _____

Church name _____

Address _____
Street City State ZIP

Phone _____

Number of years at church _____ Average Sunday morning attendance _____

Annual budget _____ Average weekly offering _____

Have you discussed your application and matching grant requirement with church and conference leadership? Yes No

Contact information for your congregational representative:

Name _____

Address _____
Street City State ZIP

Phone _____ Email _____

Contact information for your conference minister or overseer:

Name _____

Address _____
Street City State ZIP

Phone _____ Email _____

May we share your story (anonymously) to help promote the PFA program? Yes No

Everence

1110 N. Main St.
P.O. Box 483
Goshen, IN 46527
everence.com

Toll-free: (800) 348-7468
T: (574) 533-9511

Benefits provided (check all that apply)

- 1. By your church: medical dental vision disability life insurance retirement
- 2. By your other employer (bivocational pastors): medical dental vision disability life insurance retirement
- 3. By spouse's employer: medical dental vision disability life insurance retirement

Grant amount requested _____ (maximum of \$5,000)

Please describe your specific financial needs to be addressed through a grant from the PFA Fund.

Please complete the family budget attachment. Attach additional information/pages as needed. Applications are due by March 1, June 1, Sept. 1 and Nov. 1.

Please return completed application and attachments to:

Terry Shue
4000 Steinwood Dr.
Dalton, OH 44618

Email: TerryS@MennoniteUSA.org

To be completed by the pastoral financial assistance oversight team	
Date received _____	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: 	
Control # _____	
_____ Authorized signature	_____ Date

Family budget details

Name _____ Date _____

Income	Monthly	Irregular (not monthly)	Source of income
Monthly take home – applicant			
Monthly take home – spouse			
Other income			
Other income			
Total income			
Giving			
Savings/investing			
Housing costs:			
Rent (if applicable)			
Home - Electric			
Home - Gas			
Home - Water			
Home - Phone			
Home - Trash removal			
Home - Insurance			
Home - Property taxes			
Home - Cable/internet/cell phone			
Home - Repairs/maintenance			
Transportation costs:			
Car gas/oil			
Car insurance			
Car plates/tags			
Car repairs			
Other:			
Groceries/food			
Clothing			
Entertainment/recreation			
Medical/dental - Rx and recurring			
Health insurance			
Life insurance			
Disability insurance			
IRS or estimated tax payments			
Vacation			
Gifts/Christmas			
School/child care			
Misc/allowances			
Debt (list each separately)	Monthly minimum payment		
House payment			
Car payment 1			
Car payment 2			
School loan 1			
School loan 2			
IRS balances/prior years			
Medical bills with balances			
Credit cards			
Other loans			
Total spending			
Monthly surplus/deficit			
			Net worth snapshot
			Assets:
			Current value
			Cash in banks/savings
			Investment accounts
			Investment accounts
			Vehicle 1
			Vehicle 2
			Real estate/home
			Rental/investment property
			Household items
			Collectibles
			Other
			Total assets
			Debts:
			Current balance
			House payment
			Car payment 1
			Car payment 2
			School loan 1
			School loan 2
			IRS balances/prior years
			Medical bills with balances
			Credit cards
			Other loans
			Total debts
			Net worth (Assets less debts)
			Year, make and mileage of cars
			Are school loans undergrad or graduate schools?
			Please describe other loans