The Apostolic Assembly of the Faith in Christ Jesus

Retired Pastor Application

All information in this form is protected by the Law of God and the civil authority granted to us. All information is kept confidential.

The Apostolic Assembly of the Faith in Christ Jesus has established the Department of Social Assistance, with a mission to fulfill a Biblical duty as written in Isaiah 1:17 and James 1:27.

Our mission is to:

* Relieve oppression
* Defend the fatherless
* Plead for the widows
* Supplement ministers that reach retirement age without economic resources

Qualifications

1. 65 Years or older

2. Must have pastored for 20+ years

3. Must have a current credential

* Please complete this application to the best of your ability. Once complete, please submit it in to your Pastor. Your Pastor will review your application and forward it to the district supervising Bishop.
* Include any supporting documentation that may assist us in considering your approval.
* If you need help completing this application, please call (909) 987-3013 during business hours, which are Monday through Friday 8am to 5pm and ask to be directed to Department of Social Assistance.

# agreement

1. **Supporting documentation must be included with application.**
2. **All signatures must be present in order to process application.**
3. **By submitting this application, you authorize Department of Social Assistance of the Apostolic Assembly to make inquiries into the need, which you are applying for.**
4. **The Department of Social Assistance will contact you by writing or phone of the decision reached within a reasonable time.**
5. **Application is subject to approval based on availability of funds.**
6. **Subject to review every 2 years.**

This is an official application for General Assistance from the Department of Social Assistance of the Apostolic Assembly of the Faith in Christ Jesus.

# Applicant’s Information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Address |  | | |
| Street |  | City/State | Zip Code |
| Phone |  | Date of Birth |  |
| E-mail |  | Social Security # |  |
| Your Church Name |  | Your District Name |  |
| Qualifying Questions  |  | | --- | | 1. Are You 65 Years old or older?  Yes No | | 1. Did you Pastor for at least 20 years in the Apostolic Assembly?  Yes No | | 1. Did you hold a pastoral credential for at least 20 years?  Yes No | | 1. Do you currently hold a credential?  Yes No | | 1. Did You Retire because of Medical Reasons?  Yes No (If you answered YES, Please submit supporting documents) | | 1. If NONE of the Above Apply to You, Please give reason for retiring in a brief summary: If necessary, attach separate sheet with summary. | | | | |

# About your Finances

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does or did your local church provide financial assistance to you?  YES  NO | | | | |
| If YES, is the financial assistance the 3-7% Retirement provided by the Apostolic Assembly?  YES  NO | | | | |
| Does someone hold Power of Attorney over you?  YES  NO (If yes, please provide name and supporting documents)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| About Your Assets | | | | |
| Do you have a checking account?  YES  NO | | | | |
| Do you have a savings account?  YES  NO | | | | |
| Were you a supervising bishop?  YES  NO (If so, how many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | |
| Were you on the General Board of Directors?  YES  NO (If so, How many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | |
|  | | | | |
| Federal/State/Private agencies | | | | |
| Have you applied for financial aid from any Federal / State / or Private Agencies?  YES  NO (If YES, continue below. If NO, skip to next section) | | | | |
| Name of Agency | | Amount | Name of Assistance (Please provide supporting documentation such as Award Letters) | |
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|  | |  |  | |
|  | |  |  | |
| Applicant’s Signature |  | | | Date |

# Pastor’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pastor’s First Name |  | | Pastor’s Last Name | |  |
| Pastor’s Address |  | | | | |
| Street |  | | City/State | | Zip Code |
| Phone |  | | E-mail | |  |
| Church Name |  | | Church City & State | |  |
| Church Address |  | | | | |
| Street |  | | City/State | | Zip Code |
| Did the church give financial assistance to the retired Pastor? | | | YES  NO  Monthly  One Time | | |
| If NO, Please provide a brief explanation: (please attach separate document if necessary) | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Pastor’s Signature | |  | | Date | |

# District Bishop’s Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bishop’s First Name |  | | Bishop’s Last Name |  |
| Bishop’s Address |  | | | |
| Street |  | | City/State | Zip Code |
| Phone |  | | E-mail |  |
| District Name |  | |  |  |
| Did, or is the district giving financial assistance to the retired Pastor? | | | Monthly  One Time | |
| If NO, Please provide a brief explanation: | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| District Bishop’s Signature | |  | | Date |

# For Office use only

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bishop’s Secretary First Name | | |  | | Bishop’s Secretary Last Name | |  | |
| This application has been: | | | Approved  Denied | | | | | |
| **If Approved** | | | | | | | | |
| Amount Approved: | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Frequency of Disbursement: | | Monthly  One Time  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **If Denied Please comment** | | | | | | | | |
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|  | | | | | | | | |
| Bishop Secretary’s Signature | |  | | | | | | Date |