# 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. Are you a Pastor’s Widow?  Yes No | | 1. Did your husband pass away before 1992?  Yes No | | 1. Did your husband pass away while pastoring?  Yes No | | 1. Where did your husband pastor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. If NONE of the Above Apply to You, Please give reason for Submitting this application: If necessary, attach separate sheet with summary. | | | | | | |
| About Your Assets | | | | | |
| Do you have a checking account?  YES  NO | | | | | |
| Do you have a savings account?  YES  NO | | | | | |
| Does anyone hold Power of Attorney over you?  YES  NO (If yes, please provide a name and supporting documents) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Does someone other than yourself manage your finances?  YES  NO(If yes, please provide a signed letter that authorizes the individual to do so.) | | | | | |
| Was your husband a supervising bishop?  YES  NO (How many years? \_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | |
| Did your husband serve on the General Board of Directors?  YES  NO | | | | | |
| 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, or is the church providing financial assistance to the Pastor’s Widow? | | | YES  NO  Monthly  One Time | |
| If NO, Please provide a brief explanation: (Please attach additional 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 providing financial assistance to the Pastor’s Widow? | | | YES  NO  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** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Bishop Secretary’s Signature | |  | | | | | | Date |