# 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 |