



The Apostolic Assembly of the Faith in Christ Jesus

# Widows Assistance 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 been a pastor's wife.

- 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, call (909) 987-3013 during business hours 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 The Department of Social Assistance 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. Application is 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you a Pastor's Widow? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Did your husband pass away before 1992? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did your husband pass away while pastoring? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Where did your husband pastor? _____
6.	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a savings account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does anyone hold Power of Attorney over you? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide a name and supporting documents) Name: _____	
Does someone other than yourself manage your finances? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide a signed letter that authorizes the individual to do so.)	
Was your husband a supervising bishop? <input type="checkbox"/> YES <input type="checkbox"/> NO (How many years? _____ District: _____)	
Did your husband serve on the General Board of Directors? <input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Monthly <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Monthly <input type="checkbox"/> 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:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<b>If Approved</b>		
Amount Approved: \$ _____	Frequency of Disbursement: <input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Other _____	
<b>If Denied, Please comment</b>		
Bishop Secretary's Signature		Date

