

# 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 pastor 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:

Brian Hershberger  
CMC Executive Director  
9910 Rosedale-Milford Center Road  
Irwin, OH 43029

Email: [brian@cmcrosedale.org](mailto:brian@cmcrosedale.org)

<b>To be completed by the pastoral financial assistance oversight team</b>	
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				
<b>Total income</b>				
<b>Giving</b>				
<b>Savings/investing</b>				
<b>Housing costs:</b>				
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				
<b>Transportation costs:</b>				
Car gas/oil				
Car insurance				
Car plates/tags				
Car repairs				
<b>Other:</b>				
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				
<b>Debt (list each separately)</b>	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				
<b>Total spending</b>				
<b>Monthly surplus/deficit</b>				
			<b>Net worth snapshot</b>	
			<b>Assets:</b>	<b>Current value</b>
			Cash in banks/savings	
			Investment accounts	
			Investment accounts	
			Vehicle 1	
			Vehicle 2	
			Real estate/home	
			Rental/investment property	
			Household items	
			Collectibles	
			Other	
			Total assets	
			<b>Debts:</b>	<b>Current balance</b>
			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	
			<b>Total debts</b>	
			<b>Net worth</b> (Assets less debts)	
			Year, make and mileage of cars	
			Are school loans undergrad or graduate schools?	
			Please describe other loans	