

Pastoral Financial Assistance Grant Application



Everence Pastoral Financial Wellness Program

Name _____

Title and position _____

Birth date _____ Email address _____

Home address _____
Street City State ZIP

Home phone _____ Cellphone _____

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? _____

Denomination or other affiliation _____

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/district leadership?

Yes No

Contact information for your congregational representative:

Name _____

Address _____
Street City State ZIP

Phone _____ Email _____

Contact information for your conference/district minister or overseer:

Name _____

Address _____
Street City State ZIP

Phone _____ Email _____

Everence

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P.O. Box 483
Goshen, IN 46527
everence.com

Toll-free: (800) 348-7468
T: (574) 533-9511

As part of the Pastoral Financial Assistance Grant application, you are required to contact and have an initial meeting with either an Everence® Financial Advisor or an LSS Financial Counselor. To find an Everence advisor, contact your Everence Stewardship Consultant. You may also contact Beryl Jantzi, Everence Director of Stewardship Education, at (800) 442-7930 ext. 4602. For LSS, call (877) 809-0039 between 9 a.m. and 6 p.m. (Eastern Time).

Please confirm that you have met with an:

Everence Financial Advisor LSS Financial Counselor

May we share your story (anonymously) in program reports and/or to help promote the Pastoral Financial Wellness Program?

Yes No

Grant amount requested _____ (maximum of \$5,000)

Please describe your specific financial needs to be addressed through a grant from the Pastoral Financial Assistance Grant.

Benefits provided (check all that apply; for informational purposes only)

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

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:
Patty Skelton
Everence Administrative Assistant
Email: patty.skelton@everence.com

To be completed by the pastoral financial assistance oversight team	
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				
Total income				
Giving				
Savings/investing				
Housing costs:				
Rent (if applicable)				
Home - Electric				
Home - Gas				
Home - Water				
Home - Phone				
Home - Trash removal				
Home - Insurance				
Home - Property taxes				
Home - Cable/internet/cellphone				
Home - Repairs/maintenance				
Transportation costs:				
Car gas/oil				
Car insurance				
Car plates/tags				
Car repairs				
Other:				
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				
Debt (list each separately)	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				
Total spending				
Monthly surplus/deficit				
			Net worth snapshot	
			Assets:	Current value
			Cash in banks/savings	
			Investment accounts	
			Investment accounts	
			Vehicle 1	
			Vehicle 2	
			Real estate/home	
			Rental/investment property	
			Household items	
			Collectibles	
			Other	
			Total assets	
			Debts:	Current balance
			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	
			Total debts	
			Net worth (Assets less debts)	
			Year, make and mileage of cars	
			Are school loans undergrad or graduate schools?	
			Please describe other loans	