



THE APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

# RETIRED PASTOR 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 pastored for 20+ years
3. Must have a current credential

- 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, please call (909) 987-3013 during business hours, which are 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 Department of Social Assistance of the Apostolic Assembly 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. 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?  Yes  No
2. Did you Pastor for at least 20 years in the Apostolic Assembly?  Yes  No
3. Did you hold a pastoral credential for at least 20 years?  Yes  No
4. Do you currently hold a credential?  Yes  No
5. Did You Retire because of Medical Reasons?  Yes  No (If you answered YES, Please submit supporting documents)
6. If NONE of the Above Apply to You, Please give reason for retiring in a brief summary: If necessary, attach separate sheet with summary.

## ABOUT YOUR FINANCES

Does or did your local church provide financial assistance to you?  YES  NO

If YES, is the financial assistance the 3-7% Retirement provided by the Apostolic Assembly?  YES  NO

Does someone hold Power of Attorney over you?  YES  NO (If yes, please provide name and supporting documents)

Name: \_\_\_\_\_

## ABOUT YOUR ASSETS

Do you have a checking account?  YES  NO

Do you have a savings account?  YES  NO

Were you a supervising bishop?  YES  NO (If so, how many years? \_\_\_\_\_) ( District: \_\_\_\_\_ )

Were you on the General Board of Directors?  YES  NO (If so, How many years? \_\_\_\_\_)

## FEDERAL/STATE/PRIVATE AGENCIES

Have you applied for financial aid from any Federal / State / or Private Agencies?  YES  NO (If YES, continue below. If NO, skip to next section)

Name of Agency	Amount	Name of Assistance (Please provide supporting documentation such as Award Letters)

Applicant's Signature		Date
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## 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 the church give financial assistance to the retired Pastor?	<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 separate 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 giving financial assistance to the retired Pastor?	<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

