



Emergency Assistance Application

Applicants must complete pages 1, 2, and 3.
Grant partners (if any) must complete page 4.

This application must be completed in its entirety prior to submission.

Applicant information			
Name		SSN (last 4 digits)	
Address		Date of Birth	
City	State	ZIP	
Phone	Email		

Description of financial need
<p>Describe in detail your immediate financial need and how it is currently impacting you (continue on an additional sheet if more space is needed).</p> <p>Supporting documentation (corresponding to the current emergency and the amount of assistance requested) must be provided with this application for the Board of Pensions to understand the scope of your circumstances. Examples of supporting documentation include, but are not limited to, current receipts, invoices, and estimates for repairs or services to be provided.</p>

<p>Will you have a grant partner for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Typically, a grant partner is your employer. In a congregational setting, the grant partner may also be the presbytery or synod.</p> <p>If no, please explain:</p> <p>How much financial assistance are you seeking? \$</p>
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Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711)



PHI authorization
<p>If you are enrolled in the Medical Plan, through the Board of Pensions, and requesting assistance in paying for medical expenses, please read the statement below and signify agreement by checking the box following the statement and initialing.</p> <p>I hereby authorize the Benefits Plan of the Presbyterian Church (U.S.A.) and its vendors to release my personal health information (PHI) to the Board of Pensions for the purpose of verifying medical expenses and claims payments related to this request for financial assistance.</p> <p><input type="checkbox"/> Applicant's initials _____</p>

Note: If applicant is married, please include income and assets of spouse.

Income		
Please show the monthly amount for each type of income, even if you receive that income on a quarterly, semiannual, or annual basis (interest, dividends, annuities, etc.). Complete all lines; use zero (0) if no income is received from a listed source.		
	Applicant	Spouse
Salary from current employment (<i>unless retired</i>)	\$	\$
Housing allowance from current employment (<i>Ministers only</i>)		
Other earned income (<i>i.e., taxable income and wages; specify, using a separate sheet</i>)		
Interest on savings		
Earnings on stocks, bonds, mutual funds, etc. from the past 12 months		
Pension from the Presbyterian Church (U.S.A.)		
Other pensions or annuity payments		
Social Security		
Regular gifts/contributions from family, friends, foundations, etc.		
Other income (<i>rents, royalties, mineral rights, etc.</i>)		
Total monthly income	\$	\$

Assets		
Please list current balance or value for each asset at the time this statement is completed. Complete all lines; use zero (0) if there are no assets from a listed source.		
	Applicant	Spouse
Cash and checking account(s)	\$	\$
Savings account(s)		
Certificates of deposit (CDs)		
Stocks, bonds, mutual funds, etc. (<i>most recent value</i>)		
Retirement savings plan(s) (<i>e.g., 401k, 403b</i>)		
Real estate [<i>current market value(s), less balance due on mortgage(s), if any</i>]		
Other assets		
Total assets	\$	\$

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Household expenses	
Please show the monthly amount for each type of expense. Complete all lines; use zero (0) if the expense is not applicable.	
	Monthly amount
Rent	\$
Mortgage	
Renters/home insurance	
Utilities	
Credit card payment(s)	
Student loan payment(s)	
Groceries	
Auto loan	
Auto insurance	
Health insurance	
Child care	
Internet/cable	
Laundry	
Charitable giving/donation(s)	
Other:	
Total household expenses	\$

Applicant authorization	
I confirm that: <ul style="list-style-type: none">▪ the information provided in this application is true, correct, and complete to the best of my knowledge;▪ all information provided in this application is in support of the stated emergency assistance request; and▪ any funds granted under this request will be applied for the stated emergency need.	
Applicant's signature	Date (mm/dd/yyyy)

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Grant partner information <i>(presbytery, synod, church, or employer)</i>		
Name of grant partner <i>(print)</i>		
Address		
City	State	Zip
Contact person		Phone
Contact person's title		
Phone <i>(if different from above)</i>	Email	
1. After your review of the application and its documentation, what is the total amount of assistance you are recommending for this applicant? <i>The amount you recommend does not have to match the amount requested.</i>	\$	(A)
2. What amount, if any, is the grant partner contributing to this grant?	\$	(B)
3. What amount are you asking the Board of Pensions to contribute to this grant? <i>The total of (B) and (C) should equal (A). If the amount on line (C) is greater than 50% of the total assistance amount recommended on line (A), please explain at end of application.</i>	\$	(C)
The grant partner will send their portion(s) of the grant to the <input type="checkbox"/> Applicant <input type="checkbox"/> Board of Pensions*		
* NOTE: This option is not available if the grant partner paid compensation to the applicant in the same calendar year as this grant will be paid.		
The grant should be paid in <input type="checkbox"/> one lump sum <input type="checkbox"/> (#) equal monthly installments, beginning <i>(mm/dd/yyyy)</i>		
The Board's check(s) should be made payable to the <input type="checkbox"/> Applicant <input type="checkbox"/> Grant partner		
The Board's check(s) should be sent to the <input type="checkbox"/> Applicant <input type="checkbox"/> Grant partner		
Grant partner authorization		
The grant partner and co-sponsor (if any) agree(s) to pay its/their portion(s) of this grant according to the information submitted on this application.		
Grant partner's signature		
Signatory's name <i>(print)</i>	Date <i>(mm/dd/yyyy)</i>	
Please provide any additional information on behalf of your organization or the applicant that the Board should consider when assessing this Emergency Assistance application.		

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Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your grant payment.

Your personal information	
Name (first, middle, last)	Last 4 digits of SSN

Account information
Name of financial institution
Routing number (9 digits)
Your bank account number
Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

Authorization	
On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my Assistance Program grant payment (if approved) to the account listed above. I agree to repay the Board of Pensions any amount erroneously credited to my account. This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.	
Authorized signature (required)	Date (mm/dd/yyyy)
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

IMPORTANT
<ul style="list-style-type: none">To verify your eligibility for a grant, submit a copy of a voided check, bank statement, recent utility bill, or U.S. government-issued ID (e.g., passport or driver's license) with your application.

<p>Complete and email this form to the Board of Pensions at memberservices@pensions.org.</p> <p>Have questions or need help completing or submitting this form? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).</p>
