



This is a need-based program. Debt, net worth, and income documentation must accompany this application.

Applicant information	
First name	Last name
Phone	Email
Church served	

Demographic information <i>(your response to this section is optional)</i>
By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions offers to plan members and employees affiliated with the Presbyterian Church (U.S.A.). Completion of this section is optional. Visit <a href="http://pensions.org">pensions.org</a> to learn more about how we ensure your privacy.
Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer
Race <i>(check one)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer
Gender identity <i>(check one)</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer

Grant request details			
You may request up to \$10,000 for any qualifying personal debt.			
Amount requested			
Have you previously received or are you now receiving a grant under the Board's Minister Educational Debt Assistance grant program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Adjusted gross income (AGI) must not exceed two times the median salary; total assets <i>(excluding house and car)</i> must be below \$125,000.			
Please complete the household financial information below. Round number estimates are adequate.			
Assets	\$	Liabilities	\$
Cash/checking account		Mortgage principal owed	
Money Market/CDs		Credit card(s) owed, total	
Savings account/passbook		Student loan(s) owed	
Investments		Personal loan debt, owed, total	
RSP/IRA (self)		Auto loan(s) principal owed	
RSP/IRA (spouse)		Other debt	
Value, primary residence			
Value, other real estate			
Auto(s) value			
Other assets			
<b>Total assets</b>		<b>Total liabilities</b>	

**Complete and email this form to [memberservices@pensions.org](mailto:memberservices@pensions.org).**  
 Questions? Call the Board at 800-773-7752 (800-PRESPLAN).



## Attachments

1. Please attach a copy (most recent year filed) of plan member and spouse (if applicable) IRS Form 1040 (pages 1 and 2), Form 1040A (pages 1 and 2), or Form 1040EZ. (Applications cannot be processed without this information.)
2. Please attach a copy of loan/credit card statement(s).
3. Please attach copies of certificates verifying completion of the Terms of Call and Personal Financial Planning online education modules through Board University.
4. Describe your specific financial needs to be addressed through a grant from Minister Debt Relief. (250-300 words)

5. Describe how you anticipate this grant assisting you in carrying your ministry into the future. (250-300 words)

I give my permission to The Board of Pensions of the Presbyterian Church (U.S.A.) to use my quotes in any materials for future implementation of Minister Debt Relief. (optional)



THE BOARD OF PENSIONS  
OF THE PRESBYTERIAN CHURCH (U.S.A.)

## Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Your personal information	
Name ( <i>first, middle, last</i> )	Last 4 digits of SSN

  

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

  

Authorization	
<p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from my account and/or any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.</p> <p>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.</p>	
Authorized signature ( <i>required</i> )	Date ( <i>mm/dd/yyyy</i> )
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

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