

**BIBLICAL ORDER
OF
FINANCIAL PRIVILEGE AND RESPONSIBILITY**

The Board of Directors, as stewards of the Relief Funds entrusted to its care, strives to appropriately assist PCA Church Servants and dependents in need. The Board understands the Scriptural teaching on financial responsibility for personal care to be as follows:

Each individual's privilege and responsibility to provide for his own needs.

1 Thess. 4:11-12

Each individual's privilege and responsibility to provide for those of his own household (family)

1 Timothy 5:8

The family of God's privilege and responsibility to provide for those of its own

- the local congregation to the extent it is able
- the Presbytery or area Church
- The Church at large (General Assembly)

1 Corinthians 12:25-26

The privilege and responsibility of all men everywhere (general society) to help those in need.

1 John 3:17

Accordingly, the Board asks each individual applying for Presbyterian Church in America Relief Fund assistance to recognize this biblical order, and assist the Directors by not requesting Relief aid if personal or family resource are available to meet the need. When such resources are not available, it is the Directors' joy and privilege to respond on behalf of the family of God. Thank you for your understanding and cooperation as together we seek to honor Him.

Board of Directors of PCA Retirement & Benefits, Inc.

1700 N Brown Road, Ste 106

Lawrenceville GA 30043

Gentlemen:

I have carefully read the Open Letter regarding the Ministerial Relief Fund and am committed to applying the principles of the Biblical Order of Financial Privilege and Responsibility. I have also carefully completed this application for assistance.

I understand the Ministerial Relief Fund was established by the General Assembly and is funded by the generous offerings of PCA churches and individuals across the denomination for the benefit of PCA Church servants who are in need.

With gratitude to God, and with deep appreciation for His grace, mercy, and providential care, I hereby apply for assistance from the Presbyterian Church in America Ministerial Relief Fund.

Signature _____ Date: _____

PCA church you are currently attending: _____

Address: _____

Phone: _____ Pastor's Name: _____

Person helping to fill out application (if applicable): _____

Relationship to Applicant: _____



The information requested is needed to determine your eligibility for Ministerial Relief Fund assistance and the nature and amount of any award. We know this is confidential information and we will treat it as such within the Relief office. It may be necessary for us to contact your church, Presbytery officials or your former PCA employer to obtain additional information. Please indicate your agreement to these conditions by signing below.

Signature _____ Date _____

General Information

Applicant Name: _____ SSN: xxx-xx-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Cell: _____

Email: _____ Fax: _____

Pastor: _____ Presbytery: _____ Stated Clerk: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Name of Spouse: _____ Date of Birth: _____ Date of Death: _____

(If applicable)

Dependents living with you: If more space is needed, please list on reverse side of this page.

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Adult Children/Family Members

Name: _____ Relationship: _____ Phone: _____ Ability to help _____

Name: _____ Relationship: _____ Phone: _____ Ability to help _____

Name: _____ Relationship: _____ Phone: _____ Ability to help _____

Service History

Last church served: _____

Position: _____ Date of Separation: _____

Total years of service in the PCA: _____



Monthly Income	Per Month	Anticipated Monthly Expenses	Per Month
Gross Regular Earnings (list sources below): (Do not include PCA Relief award amount)	\$	Tithes and Offerings:	\$
		Mortgage/Rent:	
		*Taxes	
		* Insurance	
		* Maintenance/Repair	
Irregular Earnings (fees, honorariums, etc.):		Utilities: (not telephone)	
		Telephone:	
Support from churches:		Cell Phone:	
Retirement Accounts:		Internet and/or cable: specify one or both	
*PCA Retirement Plan		Food:	
*Other Retirement (Identify)		Clothing:	
*Pension (Identify)		Medical and Prescriptions:	
Insurance Annuity :		Automobile:	
		*Payments:	
Social Security/SSI:		*auto insurance:	
*Self (after Med-B deduction)		*Tires:	
*Spouse (after Med-B deduction)		*Gen Maintenance/Repair:	
Other (identify):		*Gas/Oil, etc.	
		Health Insurance:	
		*Medicare B (amt deducted from SS check)	
		*Medicare D (amt deducted from SS check)	
		*Other:	
		Life Insurance:	
		Credit Card monthly payments:	
		*How many cards are included?	
		Bank Loans:	
		Other (identify)	
		Recreation/Entertainment:	
		Miscellaneous:	
Total Monthly Income	\$	Total Monthly Expenses	\$



Assets	Amount	Liabilities	Amount
Cash on hand:	\$	Unpaid Bills: Please list below	\$
Checking Account:			
Savings Account:			
Money Market/CDs:			
Stocks/Bonds/Mutual Funds/T Bills/IRAs:			
Retirement Accounts:			
Value of Primary Residence:			
Value of other Real Estate:		Mortgages:	
Auto: Year _____ Make _____ Value: _____		Residence:	
Auto: Year _____ Make _____ Value: _____		Other:	
Other Assets:			
		Installment Loans:	
		Auto:	
		Other:	
		Other Obligations:	
Total Assets	\$	Total Liabilities	\$



PCA Retirement & Benefits, Inc.

MINISTERIAL RELIEF

Application for Ministerial Relief

Please tell us about the health and circumstances of you, your spouse, and dependent children, if applicable. You may attach a separate page if needed.

Please tell us of your personal needs. Be as specific as possible to help us make a proper determination of your request for assistance. You may add additional pages if needed.

Please tell us about your family and their willingness/ability to help you.

Please tell us about your local church/presbytery (frequency of contact, their ability and willingness to help you and your willingness to allow them to help, etc.)