

Application for Financial Assistance

Mission:Dignity

Please complete all pages of this form, sign it in blue or black ink, and return it to:

Mission:Dignity
GuideStone
P.O. Box 819109
Dallas, TX 75381-9109
Fax: 1-866-692-6327

Questions? Call 1-877-888-9409 ext. 1
Email: MissionDignity@GuideStone.org

APPLICANT INFORMATION

Title: Rev. Mr. Mrs. Ms.

Full name: _____ Social Security number: _____

Gender: Male Female Birth date: ____/____/____

Daytime phone: (____) _____

Home address: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Cell phone: (____) _____ Email address: _____

Which church do you currently attend: _____

City of church: _____ State: _____ ZIP Code: _____

Primary language: English Spanish Korean Other _____

Please provide the name and contact information of a relative or friend we can contact if we are unable to reach you.

Contact name: _____ Relationship: _____

Home address: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Home phone: (____) _____ Work phone: (____) _____

Cell phone: (____) _____ Email address: _____

Would you like your mail to be sent to this alternate contact? Yes No

LIVING SITUATION

House (own/buying)

Nursing home

Apartment

With relative

House (renting)

Apartment (rent based on income)

Assisted living

Other: _____



SPOUSE INFORMATION

Marital status: Married Widowed Single Divorced

Spouse name: _____ Social Security number: _____

Spouse birth date: ____/____/____ Date of marriage: ____/____/____

DATE OF: SPOUSE'S DEATH: ____/____/____ DIVORCE: ____/____/____

PAID SOUTHERN BAPTIST SERVICE

What year did you or your spouse enter the ministry? _____ Total years of salaried service: _____

Were all of the listed years full-time Southern Baptist service? Yes No If no, how many years of service were bivocational? _____

Was there a break in service? Yes No If yes, how many years? _____

Has your spouse had any years of service? Yes No If yes, how many years? _____

Names of states/foreign countries served: _____

Capacity in which you or your spouse served (check all that apply):

- Pastor Church administrator Seminary staff
- Associate pastor Director of missions State convention staff
- Minister of music Missionary Children's home staff
- Minister of education Board/commission staff Other: _____

ESTIMATED NET MONTHLY INCOME (AMOUNT AFTER ANY DEDUCTIONS)

	Applicant	Spouse
GuideStone® retirement benefit	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Veterans benefit (include copy of VA approval letter)	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Salary	\$ _____	\$ _____
Other pension plans	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total	\$ _____	\$ _____

ASSETS

Please indicate an amount even if it is zero (\$0.00).

Real estate (other than home)	\$ _____	Certificates of Deposit (CDs)	\$ _____
Checking account balance	\$ _____	Other investments	\$ _____ (including stocks, bonds, etc.)
Savings account balance	\$ _____	Total	\$ _____

ESTIMATED MONTHLY EXPENSES

- \$ _____ Mortgage, rent or room and board
- \$ _____ Utilities (combined total of gas, electric, telephone, water, etc.)
- \$ _____ Prescription drug bills (out-of-pocket costs not covered by insurance)
- \$ _____ Medical bills (out-of-pocket costs not covered by insurance)
- \$ _____ Food and household items
- \$ _____ Car payment
- \$ _____ Car expense (gas, maintenance, etc.)
- \$ _____ Automobile insurance premium
- \$ _____ Burial insurance premium
- \$ _____ Homeowner's insurance premium
- \$ _____ Life insurance premium
- \$ _____ Medical insurance premium
- \$ _____ Other insurance premium
- \$ _____ Tithe
- \$ _____ Other expenses
- \$ _____ Property tax on home
- \$ _____ **Total**

INCOME-BASED ASSISTANCE

Do you or your spouse receive any of the following income-based assistance (not including Mission:Dignity®):

(NOTE: These income-based assistance programs do NOT disqualify you from receiving assistance from Mission:Dignity.)

- Medicaid assistance with medical or drug plan costs
- Medicaid assistance with nursing home costs
- Medicare Part D at reduced or no cost
- HUD-financed housing
- Assistance with rent and/or utilities
- Food stamps \$ _____
- Other: _____

Is your Medicare premium deducted from your Social Security check? Yes No

ADDITIONAL INFORMATION (ATTACH ADDITIONAL PAGES AS NEEDED)

Please tell us about any specific needs or give additional information concerning your situation.

APPLICANT SIGNATURE (SIGN BELOW)

Signature: _____ Date: ____/____/____

If the applicant has granted power of attorney, allowing someone else to act on his or her behalf, send a copy of the documentation with this application, unless you have already given a copy to GuideStone.

PRAYER MINISTRY

The Mission:Dignity ministry provides prayer cards to donors that have the names of recipients who've given permission to share their information. Would you allow us to share your and your spouse's name (if applicable), address and birth date (month and day only) on a prayer card with donors of the program? Yes No

HOW DID YOU HEAR ABOUT MISSION:DIGNITY?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Church brochure | <input type="checkbox"/> Referral by a pastor | <input type="checkbox"/> State paper |
| <input type="checkbox"/> Website | <input type="checkbox"/> Relative/Friend | |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Other: _____ | |

Please place your picture here (not required):