

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 Financial Resources
2401 Cedar Springs Road
Dallas, TX 75201-1498

Questions? Call 1-877-888-9409

Fax: 1-866-692-6327

APPLICANT INFORMATION

Title: Rev. Mr. Mrs. Ms.

Name: _____ Social Security number: _____

Gender: Male Female Birth date: ____/____/____ Daytime telephone: (____) _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Cell phone: (____) _____ Email address: _____

If you would like your mail to go to someone else, provide the following:

Name: _____ Daytime telephone: (____) _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Your health status: Good Fair Poor Disabled

LIVING SITUATION

- | | | |
|--|---|--|
| <input type="checkbox"/> House (own) | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> House (buying) | <input type="checkbox"/> Apartment | <input type="checkbox"/> With relative |
| <input type="checkbox"/> House (renting) | <input type="checkbox"/> Apartment (rent based on income) | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> House (HUD) | <input type="checkbox"/> Other: _____ | |

STATUS INFORMATION

Marital status: Married Widowed Single Divorced

Number of living children: _____ Number of dependents: _____

SPOUSE INFORMATION

Spouse name: _____ Spouse Social Security number: _____

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

Date of: Spouse's death: ____/____/____ Divorce: ____/____/____

Spouse health status: Good Fair Poor Disabled



FULL-TIME PAID SOUTHERN BAPTIST SERVICE

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

What year did you or your spouse retire from ministry? _____ Was there a break in service? Yes No

Were all of the listed years full-time Southern Baptist service? Yes No

Names of states/foreign countries served: _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Church administrator | <input type="checkbox"/> Seminary staff |
| <input type="checkbox"/> Associate pastor | <input type="checkbox"/> Director of missions | <input type="checkbox"/> State convention staff |
| <input type="checkbox"/> Minister of music | <input type="checkbox"/> Missionary | <input type="checkbox"/> Children's home staff |
| <input type="checkbox"/> Minister of education | <input type="checkbox"/> Board/commission staff | <input type="checkbox"/> Other: _____ |

ESTIMATED NET MONTHLY INCOME (AMOUNT AFTER ANY DEDUCTIONS)

	You	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	\$ _____	\$ _____

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 |

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	\$ _____

INCOME-BASED ASSISTANCE

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

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

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

If you checked one of the above boxes, will receiving a monthly check from the Mission:Dignity program reduce or eliminate that assistance?
 Yes No

ADDITIONAL INFORMATION

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.

What church do you currently attend? _____

City: _____ State: _____ ZIP Code: _____

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

ALTERNATE CONTACT PERSON

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

Contact name: _____ Relationship: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Home telephone: (_____) _____ Work telephone: (_____) _____

Cell phone: (_____) _____

Email address: _____