

“And my God will supply every need of yours according to his riches in glory in Christ Jesus.”

Philippians 4:19

Dear Applicant,

It is our privilege and joy to administer PCA Emergency Assistance, which is made possible by generous year round giving to the Ministerial Relief Fund. This responsibility is accepted humbly and willingly for we know this ministry is particularly close to our Lord's heart.

Emergency Assistance was created for the benefit of PCA Church Teaching Elders and missionaries who have experienced job loss due to budget cuts as a result of the recession. Emergency Assistance is designed to help these groups transition this critical time by providing financial aid to cover living expenses such as food and shelter.

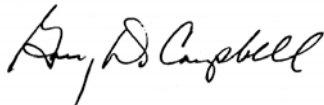
A budget is required from each applicant to verify needs, and to help us determine the appropriate type and amount of assistance. The Emergency Assistance Application will provide much of the needed information.

Your application will be carefully and prayerfully reviewed in accordance with the principles of Biblical Order and Relief Policy. While assistance begins with the local church, PCA Retirement & Benefits, Inc. (RBI) desires to work in consultation with the Presbyteries, employers and local church bodies in an effort to provide grace in the form of six months of financial assistance.

If you have questions, please notify Vickie Poole at 800.789.8765, ext. 1280 or at vpoole@pcanet.org.

Please pray for us that God would give us discernment and wisdom as we consider the needs of His servants in the U.S. and throughout the world so that He may be glorified in all things.

Blessings in Christ,



Gary D. Campbell, CFA
President

**BIBLICAL ORDER
OF
FINANCIAL PRIVILEGE AND RESPONSIBILITY**

RBI, as stewards of the PCA Relief Ministry entrusted to its care, strives to appropriately assist PCA church servants and dependents in need. RBI understands the Scriptural teaching on financial responsibility for personal care to be as follows:

- FIRST** It is each individual's privilege and responsibility to provide for his own needs
- SECOND** It is each individual's privilege and responsibility to provide for those of his own household (family)
- THIRD** 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)
- FOURTH** The privilege and responsibility of all men everywhere (general society) to help those in need

Accordingly, RBI asks each individual applying for Emergency Assistance to recognize this biblical order and assist RBI by not requesting Relief aid if personal or family resources are available to meet the need.

When such resources are not available, it is RBI's 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.

PRESBYTERIAN CHURCH IN AMERICA
EMERGENCY ASSISTANCE MINISTRY
APPLICATION FOR ASSISTANCE

PCA Retirement & Benefits, Inc.
1700 North Brown Road, Suite 106
Lawrenceville, GA 30043

Gentlemen:

I have carefully read the Open Letter regarding the Emergency Assistance Ministry 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 that the Emergency Assistance Ministry has been established by PCA Retirement & Benefits, Inc. and is funded by the generous giving of churches and individuals across the Church for the benefit of PCA Teaching elders and Missionaries in need.

With gratitude to God, and deep appreciation for His grace, mercy, and providential care, I hereby apply for assistance from the Presbyterian Church in America Emergency Assistance Ministry.

Should my circumstances change significantly, I will inform the RBI office as quickly as possible.

Sincerely,

Signature: _____ Date: _____

CONFIDENTIAL INFORMATION

The information requested is needed to determine your eligibility for the Emergency Assistance Ministry. This information will be kept in strict confidence within the Relief unit.

PLEASE PRINT.

Name: _____ Street Address: _____
(if different)

Mail Address: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Fax or E-mail: _____

Phone: () _____ Date of separation: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

Church: _____ Pastor: _____

Presbytery: _____ Clerk: _____

I. REGARDING YOU AND THOSE WHO RESIDE YOUR IN HOUSEHOLD

Full Name	Relationship	Date of Birth	Dependent Y/N	Remarks
_____	(Self) _____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. PLEASE GIVE NAMES, LOCATIONS AND AGES OF ADULT CHILDREN

Full Name	City/State	Ages and remarks regarding ability to provide assistance:
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. ANTICIPATED TOTAL HOUSEHOLD MONTHLY INCOME AND OUTGO:

Are you currently receiving Ministerial Relief or Health Insurance Assistance?

Type _____ Amount of award: _____

A. ANTICIPATED MONTHLY INCOME:

- | | | |
|---|-------|-------|
| 1. Gross Regular earnings (sources) _____ | _____ | _____ |
| 2. Irregular earnings (fees, honorariums, etc.) | _____ | _____ |
| 3. Support from former churches, etc..... | _____ | _____ |
| 4. Support from family/others | _____ | _____ |
| 5. Pensions (identify) _____ | _____ | _____ |
| 6. Annuities: PCA | _____ | _____ |
| Insurance..... | _____ | _____ |
| Other | _____ | _____ |
| 7. Soc. Sec./SSI: Self (<i>amount received after Med-B deduction</i>) | _____ | _____ |
| Spouse (<i>amount received after Med-B deduction</i>) | _____ | _____ |
| Other (identify) _____ | _____ | _____ |
| 8. Interest | _____ | _____ |
| 9. Dividends | _____ | _____ |
| 10. Rents/Royalties, etc. | _____ | _____ |
| 11. Other (identify) _____ | _____ | _____ |

TOTAL ANTICIPATED MONTHLY INCOME FROM ALL SOURCES: \$ _____ \$ _____

B. ANTICIPATED MONTHLY EXPENSES:

- | | | |
|--|-------|-------|
| 1. Tithes & Offerings | _____ | _____ |
| 2. Shelter: Mortgage/Rent | _____ | _____ |
| Taxes | _____ | _____ |
| Insurance | _____ | _____ |
| Maintenance/Repair | _____ | _____ |
| Utilities | _____ | _____ |
| Fuel | _____ | _____ |
| Telephone (basic service) | _____ | _____ |
| Other (identify) _____ | _____ | _____ |
| 3. Food..... | _____ | _____ |
| 4. Clothing: Purchase | _____ | _____ |
| Maintenance..... | _____ | _____ |
| 5. Medical: Prescriptions..... | _____ | _____ |
| Other | _____ | _____ |
| 6. Automobiles: Installment Payments | _____ | _____ |
| Gas/Oil, etc..... | _____ | _____ |
| Tires | _____ | _____ |
| Maintenance/Repair | _____ | _____ |
| Insurance..... | _____ | _____ |
| 7. Insurance Health: | | |
| Medicare B (amount deducted from SS check) | _____ | _____ |
| Medicare D (amount deducted from SS check) | _____ | _____ |
| Company: _____ | _____ | _____ |
| Life | _____ | _____ |
| Other (identify) _____ | _____ | _____ |
| 8. Debt Service: Credit Cards, etc..... | _____ | _____ |
| Bank Loans, etc..... | _____ | _____ |
| Other (identify) _____ | _____ | _____ |
| 9. Recreation/Entertainment | _____ | _____ |
| 10. Miscellaneous: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL ANTICIPATED MONTHLY EXPENSES: _____ \$ _____ \$ _____

IV. YOUR ASSETS AND LIABILITIES:

A. ASSETS:

Cash on hand:	.....	_____	_____
Checking:	.....	_____	_____
Savings:	.....	_____	_____
CD's:	.....	_____	_____
Other: (identify)	_____	_____	_____
Real Estate:			
Residence	.....	_____	_____
Rental	.....	_____	_____
Other	.....	_____	_____
Automobiles:			
	Year	Make	
	_____	_____	
	_____	_____	
Total Auto Values:	.....	_____	_____
Stocks/Bonds/Mutual Funds/Treasury Bills/etc.:	.....	_____	_____
Investment Property:	.....	_____	_____
Interest in Trusts or Estates:	.....	_____	_____
Other Assets:	.....	_____	_____
TOTAL ASSETS:		\$ _____	\$ _____

B. LIABILITIES:

Unpaid Current Bills:	.....	_____	_____
Mortgages:			
On residence	.....	_____	_____
Other	.....	_____	_____
Installment Loan:			
Auto	.....	_____	_____
Other	.....	_____	_____
Other Obligations:			
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL LIABILITIES:		\$ _____	\$ _____

V. **NARRATIVE STATEMENT:**(may be typed on separate page) **Please Be Specific**

A. Please tell us about yourself and those listed in Section I, Page 2 (health and circumstances)

B. Please tell us about those listed in Section II, Page 2, **(their ability to help you and your willingness to let them help, etc.)**

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

D. Please tell us of your needs and how we can best be of assistance to you. Be as specific as you can to help us make a proper determination on your request for assistance.