

FLOURISH!
Financial Relief Grant Application
Christian Church (Disciples of Christ) in Indiana
(Application deadline is February 25, 2021)

- A. Name (Last, First, MI) _____ Email address _____
Date of Birth _____ Home Phone _____
Home Address _____ Cell Phone _____
- B. Spouse's Name _____
Date of Birth _____
- C. Dependent's Names and Dates of Birth _____
- D. Congregation Name and Address _____ Phone _____
Role in Congregation _____ # of years in this role _____
- E. **Grant Amount Requested** _____
- F. Have you discussed your application with your church leaders? _____ Yes _____ No
Is your congregation aware of its required participation should you be awarded the grant?
_____ Yes _____ No
- G. What benefits are provided by your current employer? (Check all that apply)
_____ Medical _____ Rx _____ Dental _____ Vision _____ Disability
_____ Life Insurance _____ Retirement
Please explain: _____
- What benefits are provided by your spouse's employer? (Check all that apply?)
_____ Medical _____ Rx _____ Dental _____ Vision _____ Disability
_____ Life Insurance _____ Retirement

Do you: _____ own your home _____ rent _____ live in a parsonage

Do you receive a housing allowance? _____ Yes _____ No

Are you a member of the Pension Fund of the Christian Church? _____ Yes _____ No
If so, how many years have you been enrolled?

See pages 3-6 of this document to complete the following questions/prompts:

Note: You may want to draft responses in a document you can save and then copy and paste to complete the application all at once. Some may find that they are unable to save a partially completed PDF for later editing. You may also attach long answer questions in a second document if you prefer.

- 1) Please describe your specific financial needs to be addressed through a Relief Grant.
- 2) Compared to a year ago at this time, is your financial situation better/worse/the same? Please explain.
- 3) How will a Financial Relief Grant benefit your ministry?
- 4) Please share additional information that will assist us in considering your request.

Submit this application including essay questions with your completed Family Budget Worksheet.

Note regarding the budget worksheet: The first column and the top of the second column ask about *monthly* income and expenses which then creates a *snapshot of your monthly budget*. If a line item is an annual payment (e.g., license plates), divide by 12 to figure the cost spread across the year. For housing and car costs, each of these has two options for where to place the monthly payments. If you *rent* your living space, note this monthly cost under *Housing Costs: Rent*. If you *own* your home and are making payments on the mortgage, this goes further down under *Debt Servicing: Mortgage*. Similarly, automobile cost options are *Transportation Costs: Car Lease(s)* or *Debt Servicing: Car Purchase Payment(s)*. Complete the appropriate line for each depending on whether you rent or own your home or leased or bought your car(s). *More generally speaking, any given expense should be accounted for only once to balance the budget.*

The remainder of the second column is for the purpose of showing your *overall financial landscape*. If you are *renting/leasing, your home and/or car will not* be reflected in either Assets or Debts. If you *purchased your home and/or car, the current value of each should be* reflected in Assets and the total amount still owed to your mortgage/car note holder goes in the Debts category.

Signature

Date:

To be completed by the Financial Relief Grant committee:

Date received _____

Approved? _____ Yes _____ No

Authorized Signature:

Date:

1) Please describe your specific financial needs to be addressed through a Relief Grant.

- 2) Compared to a year ago at this time, is your financial situation better/worse/the same?
Please explain.**

3) How will a Financial Relief Grant benefit your ministry?

4) Please share additional information that will assist us in considering your request.