



Minister Debt Relief Grant Application

For participants of the Healthy Pastors, Healthy Congregations program

This is a need-based program. Debt, net worth, and income documentation must accompany this application.

Applicant information

First name		Last name	
Phone	Email		
Church served			

Demographic information *(your response to this section is optional)*

By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions offers to plan members and employees affiliated with the Presbyterian Church (U.S.A.). Completion of this section is optional. Visit pensions.org/privacy-policy to learn more about how we ensure your privacy.

Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer			
Race <i>(check one)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer			
Gender identity <i>(check one)</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer			

Grant request details

You may request up to \$5,000 for any qualifying personal debt.

Amount requested			
Adjusted gross income (AGI) must not exceed two times the median salary; total assets <i>(excluding house and car)</i> must be below \$125,000.			
Please complete the household financial information below. Round number estimates are adequate.			
Assets	\$	Liabilities	\$
Cash/checking account		Mortgage principal owed	
Money market/CDs		Credit card(s) owed, total	
Savings account/passbook		Student loan(s) owed	
Investments		Personal loan debt, owed, total	
RSP/IRA (self)		Auto loan(s) principal owed	
RSP/IRA (spouse)		Other debt	
Value, primary residence			
Value, other real estate			
Auto(s) value			
Other assets			
Total assets		Total liabilities	

Complete and email this form to assistance@pensions.org.

Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY:711)



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Attachments

1. Please attach a copy (most recent year filed) of plan member and spouse (if applicable) IRS Form 1040 (pages 1 and 2), Form 1040A (pages 1 and 2), or Form 1040EZ. (Applications cannot be processed without this information.)
2. Please attach a copy of loan/credit card statement(s).
3. (Optional) Please answer the following questions about your previous participation in the Healthy Pastors, Healthy Congregations program:

Before you began this program, what was your financial literacy level?
☐ 1 - little to no knowledge
☐ 2 - some knowledge
☐ 3 - moderate knowledge
☐ 4 - significant knowledge

After you finished this program, what was your financial literacy level?
☐ 1 - little to no knowledge
☐ 2 - some knowledge
☐ 3 - moderate knowledge
☐ 4 - significant knowledge

What has been the impact on your debt?
☐ 1 - minor
☐ 2 - neutral
☐ 3 - moderate
☐ 4 - significant

If your answer to the last question was *significant*, what was the impact on your debt?
☐ short-lived
☐ sustained

Have you changed congregations since completing this program?
☐ yes
☐ no

If your answer to the last question was yes, were personal finances part of the reason for the change?
☐ yes
☐ no
☐ not applicable

☐ I hereby consent to The Board of Pensions of the Presbyterian Church (U.S.A.) (the "Board") using any feedback I may provide to the Board for the Board's marketing purposes. I understand that I may revoke this consent at any time upon notice to the Board's Corporate Secretary.

Applicant authorization

I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge.

Applicant's (i.e., plan member's) signature

Date (mm/dd/yyyy)



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Your personal information	
Name (first, middle, last)	Last 4 digits of SSN

Account information
Name of financial institution
Routing number (9 digits)
Your bank account number
Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

Authorization	
<p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from my account and/or any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.</p> <p>This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.</p>	
Authorized signature (required)	Date (mm/dd/yyyy)
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

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