

Application Instructions

When filling out the General Assistance Application Form, please be sure to use a black or blue pen. Please use all capital letters in boxes, and print neatly and clearly to ensure a quick turn-around time for the review and processing of your application.

May the Lord bless you and keep you; the Lord make His face to shine upon you and be gracious to you; the Lord lift up His countenance upon you, and give you . . . peace!!

- Numbers 6:24-26

The bottom right of this page contains important information about the Department of Social Assistance, should you wish to inquire about the progress of your application. In the space provided, please record the date you turned in your application to your pastor. Upon completion of your application, cut along the dotted lines and retain this page of the application for your records.

Section A

All of the items in Section A are *required*. Be sure that Section A is complete before turning in your application.

Section B

If you have questions concerning your eligibility, please contact your bishop, or the Bishop Secretary of Social Assistance. The telephone number, address, and web address, of the Department of Social Assistance can be found at the bottom of the page.

Section C

Questions 1-3a: Please give an account of your financial status. This will assist the Department of Social Assistance in determining *your need* and how we can best help you.

Question 3b: Please refer to Section M: Scriptural Explanations, part C, for Biblical reasoning.

Question 4b: The Apostolic Assembly initiated a retirement policy in which 3% of the local churches income, for the duration of the pastorate, was set aside for the pastor. If you are receiving or have received monies from this fund, check "yes" here.

Section D

Record here your total expenditures, and the amount of money you need to meet your need.

Section E

If you have applied for any social or private financial aid, please list this information here. Be sure to include any received revenue in the total in Section C, number 1.

Section F

Be sure to include an official copy of your husbands death certificate to ensure a rapid review and processing your application. If you applied for social or private financial aid, please be sure to send a copy of all acceptance and rejection letters with your Widow's Assistance Application Form.

Sections G - K

After you have signed the Widow's Assistance Application Form in Section L, return to the beginning of the form and scan through it to ensure that all of the information has been recorded. Turn in the completed application to your pastor.

Section L

Sign the Widow's Assistance Application Form. Please be sure that it is signed in black or blue ink to ensure no delays in processing your application.

The Department of Social Assistance

Telephone:

1-800-597-5678; Extension 3

Address:

**10807 Laurel Street
Rancho Cucamonga, CA. 91730**

Web Address:

www.acnavafoundation.com

Date General Assistance Application Form was delivered to my pastor:

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The Apostolic Assembly WIDOWS APPLICATION FORM

Department of Social Assistance
10807 Laurel Street
Rancho Cucamonga, CA. 91730



This is an official Department of Social Assistance Application Form. It is straight forward and easy to complete. All of the information contained in this form is protected by the Law of God and the civil authority.

Complete this application and submit it to your pastor. Your pastor will review your application and forward it to the Department of Social Assistance.

Learn to do well; seek judgment, relieve the oppressed, defend the fatherless, plead for the widow.
- Isaiah 1:17

Pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted from the world.

- James 1:27

The Apostolic Assembly of the Faith in Christ Jesus, with the desire to fulfill its Biblical duty to indigents, defend the fatherless, plead for the widow, and supplement those ministers that reach old age without economic resources, has established the Department of Social Assistance. By the Holy Spirit and the support of the Saints, the DSA will fulfill Isaiah 1:17 and James 1:27.

Start Here



Please use black or blue ink.

Section A

Applicant Information

Name - Last

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First

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MI

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Address

Address - Street

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City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone

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SS & DOB

Social Security Number

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Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's Pastor

Pastors Name - Last

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First

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District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Church - City

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State

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If you need help completing this form, call 1-800-597-5678 between 8:00 AM and 4:30 PM Pacific time, Monday - Friday. Press 3 to speak to the Department of Social Assistance Secretary. This telephone call is free.

Applicant's Section

Section B

Orientation



1. Are you 60 years old or older?

Yes No

•If yes, continue. If no please go to section M, Orientation.

2. Are you the widow of a pastor?

Yes No

•If no, skip question 4 & 5 of Section C.

3. Did your husband pass away prior to 1992?

Yes No

Section C

Financial Income



1. What is your monthly income? Include SS, SSI, Interest, family support, etc.

\$.

2. What is the total amount of your savings; include 401K, CD's, Saving Accounts?

\$.

3. What do your adult children contribute monthly to your well-being?

\$.

•Do you have adult children who are in good standing with the Church?

Yes No

4. What does the church of your deceased husband provide for you monthly?

\$.

Are the above monies the 3% retirement provided by the Apostolic Assembly?

Yes No

Section D

Financial Expenditures



1. What is your total monthly expenditure?

\$.

Section E

Other Resources



1. Have you applied for financial aid from the State and Federal governments, or private agencies?

Yes No

•If yes, continue. If no, go to Section G.

Which agencies did you contact?

1. _____
2. _____
3. _____
4. _____
5. _____

2. What is the total monthly amount of financial support from the above listed agencies?

\$.

3. Did you include this amount in Section C, question 1?

Yes No

Section F

Required Documents Checklist



Copies of the below listed documents must be submitted with your application.

Husbands Death Certificate

All letters of acceptance or rejection for financial aid from the government or private agencies listed in Section E

•Go to Section L: Signatures, and sign the Widow's Application form.

Pastor's Section

Sections G & H are to be completed by the Pastor

Section G

Pastor's Section

Pastor's Information to be completed by Pastor

Church

Section H

Applicant Eligibility



Name - Last

First

MI

Address - Street

City

State

Zip

Telephone

City

State

Name

Section H
(Continued)

Applicant Eligibility

Comments Considerations

4. Is the widow in financial need? (I Timothy 5:5a)

Yes No

5. Is the widow faithful to church services and steadfast in prayer? (I Timothy 5:5b)

Yes No

6. If physically able, has the widow raised children in accordance with the Scriptures? (Deut 6:4-9; I Timothy 5:10a)

Yes No

7. Has the widow been hospitable to traveling saints and strangers? (I Timothy 5:10)

Yes No

8. Has the widow followed after, "every good work"? (I Timothy 5:10b)

Yes No

9. Has the widow "washed the feet of the saints"? (I Timothy 5:10b)

Yes No

Comments and considerations

•Please continue to the next page.

Pastor and Bishop Authorization

Section J & K is to be completed by the Bishop

Section I

Pastor's
Authorization



Local Level
Financial Aid

1. According to questions 1-9 of Section H, is the applicant a widow? Unless otherwise noted in Comments and Considerations in Section H, all 9 questions must be answered "yes" for the widow to qualify.

Yes No Initials

2. Did you provide financial assistance to the widow?

Yes No

•If yes, go to question 3. If no, explain.

_____.

3. How much financial assistance did your church give to the widow?

\$.

Pastor's Signature _____

Date _____

•Go to Section L: Signatures, sign the form and forward the Widow's Application Form to your bishop.

Section J

Bishop's
Section

Bishop's
Information to
be completed
by bishop

District

District Level
Financial Aid



Name - Last

First

MI

Address - Street

City

State

Zip

-

District

1. Did you provide financial assistance to the widow?

Yes No

•If yes, go to question 3. If no, explain.

_____.

2. How much financial assistance did your district give to the widow?

\$.

Bishop's Signature _____

Date _____

•Go to Section L: Signatures, sign the form and forward the Widow's Application Form to the Bishop Secretary of Social Assistance.

