



Request for Financial Assistance

For 20 _____

Return to:
Dn. William O. Jones
2208 Waters Mill Circle
Bon Air, VA 23235
Tel: 804-272-0980

Background Information

To assist The Fund in processing your request for Financial Assistance, we need some basic information about you and your diaconal ministry. Please provide us with the following:

1. Name _____
2. Address _____
3. Telephone: (____) - _____
4. Date of Birth _____
5. Date of Ordination _____
6. Diocese Ordained in _____
7. Diocese in which you have Canonical Residence _____
8. Parish where you most recently served _____ Diocese _____
Address _____
Name of Rector _____
When did you serve there? From _____ To _____
Brief description of your ministry _____
9. Previous parishes where you served _____ From _____ To _____

10. Please give us the names of a relative or persons who know you well, with whom we can be in touch in the event you have difficulty communicating with us.
Name _____ Address _____
Telephone No (____) - _____
Relationship _____

My signature below gives the "Fund" or their authorized person to contact my Diocese to obtain additional information. This authorization includes my Bishop or Archdeacon or a person appointed by them.

Date _____ Signature _____ If a qualified representative, state your relationship: _____

Name _____
Address _____

Request for Financial Assistance
For 201_____

In order to provide financial assistance The Fund needs to know your household's financial situation for a full year period. Please complete this form using annual information. It may help if you list your figures in the monthly column. If you do not state your numbers for the year we will multiply your monthly numbers by 12, so be sure to state a typical month.

My Diocese of Canonical Residence: _____ Date of Ordination: _____

INCOME INFORMATION

The easiest place to get your income information is from your IRS Tax Return, Form 1040 or 1040a. It will assist us if you attach a copy of your tax return or tell us you did not need to file a return. I did not file a Federal Tax Return for 20__ ⑥

Tell us where you live: ⑥ Own your own home. Do you have a mortgage: ⑥ Yes; ⑥ No.

Do you have an Equity line of credit: ⑥ Yes; ⑥ No.

⑥ Rent. ⑥ Live with Family member. ⑥ Live in Health Care Facility. ⑥ Other

(specify): _____

Please list your income and for your spouse:

[Most applicants will need only one or a few spaces, please fill in only those that apply to your situation.]

Household Income (self and spouse)	Self	Spouse	Monthly	Annual Total
(parenthesis refer to lines on IRS Form 1040)				
Wages, salaries etc. (W-2, line 7)				
Pension or Disability income (line 16a)				
Social Security (line 20a)				
IRA Distributions (line 15a)				
Interest Income (lines 8a and b)				
Dividend Income (line 9)				
Capital gains/loss (line 13)				
Rental income (line 17)				
Business income (line 12)				
Other income, please specify:				
Grant from Fund for the Diaconate				
TOTAL INCOME, please add up the above line				

*** Please complete the Expenses on the next page. ***

Please provide a list of other Financial Assets, such as Savings or Investment Accounts on a separate sheet.

EXPENSES INFORMATION

Please list your expenses in the following four groups:

	Name	
My usual expenses are:	Monthly	For the Year 20__
A. Basic living expenses		
Home, i.e., mortgage, rent, nursing home cost etc.		
Utilities:		
Electricity		
Gas		
Heat		
Telephone		
Homeowners insurance		
Home real estate taxes		
Other living expenses:		
Food		
Clothing		
Laundry		
Cleaning		
Other, please specify:		
Total Basic Living expenses		
B. Automobile and transportation		
Gas and maintenance		
Car insurance		
Taxes on car		
Other, please specify:		
Other (non-auto) transportation, (specify)		
Total Auto and Transportation expenses		
C. Health Related Expenses		
Basic health insurance		
Supplemental health insurance		
Dental care		
Doctors (not covered by insurance)		
Hospital (not covered by insurance)		
Prescription medicines (not covered by insurance)		
Other health supplies		
Total Health Related expenses		
D. Other Expenses		
Life insurance		
Income tax-Federal		
Income tax-State		
Business expenses		
Other, please specify:		
Total Other expenses		
Total Expenses (add each column)	x12	=
Total Income (from page 1)		
Net Need (subtract income from expenses)*		

* This is your request for the Fund's assistance. Please add a letter to note any special circumstances.

Signature _____ Date _____

(If someone else signs for you please indicate relationship)

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