

Care-For-The-Pastor Application

Name: _____

Gender: _____ Female _____ Male

Age 10 60+ 7 50-59 3 less than 50

Home address:

_____ City _____ State _____ Zip _____

Parsonage: Yes No Home number: _____

Cell Phone: _____ Preferred email: _____

Education (highest achieved): High School Bachelor's Master's Doctorate

Household: Single w/ Dependent Children Married w/ Dependent Children

in Household One Two Three Four More than Four

Church name: _____ Church address: City: _____ State _____

Is Church setting Rural Urban Suburban

of years ordained: _____ # of years pastoring: **more than ten years = 10** _____

Church Size 0-100 100-250 251-500 501-1,000 1000+

Total compensation from church including housing allowance (parsonage = \$10,000/year):
 15 Less than \$25,000 10 \$25,000 - \$50,000 5 more than \$50,000

Total compensation of household including spouse and housing allowance:
 15 Less than \$50,000 10 \$50,000 - \$100,000 5 more than \$100,000

Church Employment Full Time Part Time Single Vocation Bi-Vocational

Does the Church take taxes out of your income? Yes No

Do you pay self-employment for Social Security on your Church Income? Yes No

Does the Church provide Health Insurance? Yes No

Do you have Health Insurance? Yes No

Does the Church provide Life Insurance Yes No

Do you have Life Insurance? Yes No

Does the Church provide Retirement Benefits Yes No

Do you receive Medicare Benefits? Yes No

Do you have a Will? Yes No

Desired outcome for participation Care-For-The-Pastor program: 5

If received, expected use of cash award and why it is needed: 5

I understand and agree to the following:

1. There are 20 workshops over 6 months, and I will attend each workshop.
2. There are 7 workshops for congregational leaders. I will secure at least one Lay Leader from my church who will attend each of the congregational leader workshops.
3. I secure my church's agreement to provide a \$1,000 contribution towards the pastor's cash award, payable over 12 months.
4. I will have attended at least 2 sessions with the confidential LSS Financial Counseling, who will not divulge any of my information except to confirm that I have attended at least 2 sessions.
5. I will demonstrate improved proficiency in financial matters through
 - a. Post completion survey of financial knowledge
 - b. Preparing my personal Financial Budget
 - c. Next steps in my plan for retirement
 - d. Statement regarding whether I have a will, and if not, why not.
 - e. Statement regarding whether I have life insurance and if not, why I will not sign-up for A.M.E. Zion Church's FREE life insurance policy, for which I will have an opportunity to do during the program.
 - f. Statement regarding whether I have healthcare and if not, why I will not sign-up for government programs, for which I will have an opportunity to do during the program.
6. I acknowledge that if I receive a cash award that it is taxable income and that I will receive a 1099 for that income. I am aware that I will only receive 80% of the cash award in the calendar year awarded and the 20% balance in the 1st quarter of following calendar year, so that I can use it for income tax payments, if needed. I will be required to provide my social security number prior to receiving my cash award but only after it has been determined that I receive the award.

Signed: _____ Date: _____