

Application for Aged Ministers Assistance

General Council of the Assemblies of God

FULL NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (____) _____ E-MAIL: _____

EMERGENCY CONTACT _____ Phone number (____) _____
(Other than your spouse) (Other than your home phone #)

A. PERSONAL STATUS

1. Married _____ Remarried _____ Widowed _____ Divorced _____ Separated _____ Single _____ (check one)
2. Full name of spouse (if living) _____ Birth Date _____ Age _____
3. Full date of marriage _____ Condition of spouse's health _____
4. If deceased, give full date of spouse's death _____
5. What year were you ordained with the General Council? _____ District? _____
6. If ordained less than 10 years, what year were you licensed? _____
7. With what district are you now affiliated? _____
8. What church do you attend? _____ City _____ State _____
9. How many years did you serve the Assemblies of God in active ministry as a licensed or ordained AG minister?

10. How many years since you have had an active ministry? _____
11. Reasons for inactivity _____

B. FINANCIAL STATUS

1. Are you now or will you be eligible for Social Security? _____ When? _____
2. My (our) MONTHLY income from:

(a) Social Security	\$ _____	Spouse _____
(b) Supplemental Security Income (SSI)	\$ _____	Spouse _____
(c) Interest Earnings	\$ _____	Spouse _____
(d) Investments, Rental Propety	\$ _____	Spouse _____
(e) IRA or retirement distribution	\$ _____	Spouse _____
(f) Other regular income	\$ _____	Spouse _____

Describe other income: _____

3. Have you applied for assistance from any other sources? If so, please list:

FINANCIAL STATUS (continued)

4. My (our) CURRENT INVESTMENTS:

(a) Do you own your home? _____ Rent? _____ Live with children or relatives? _____

(b) If you live in your own home, is it paid for? _____ If not, remaining months on mortgage? _____

(c) Do you own other real estate _____ Please describe property (farm land, house, etc.)

Is this rental property? _____

(d) List all account balances : \$ _____ \$ _____ \$ _____
(checking) (savings) (MBA or retirement)

(e) Do you have life insurance? () yes () no If yes, how much? _____

On your spouse's life? () yes () no If yes, how much? _____

(f) Do you have Medicare insurance? _____ Supplemental insurance? _____ Other _____

NOTE: We **encourage** having some savings, insurance, etc. for possible emergencies .

C. FAMILY STATUS

1. List names of all your children and give the following information for each:

FULL NAME	AGE	STREET ADDRESS	CITY	ST	ZIP

2. Are your children assisting you financially? If yes, please list how: _____

3. Do you have dependent children? _____ If yes, how many? _____ Ages () () ()

Comments or Questions: _____

SIGNATURE OF APPLICANT _____ DATE _____

FAX this to AMA – 417-862-3439 or mail to
Aged Ministers Assistance, General Council of the Assemblies of God
1445 N. Boonville Ave., Springfield, MO 65802-1894
Ph: 417-862-2781, ext 2184 E-mail: ama@ag.org Website: www.ama.ag.org