

# Application for Financial Assistance

## Mission:Dignity

Please complete all pages of this form, sign it in blue or black ink, and return it to:

Mission:Dignity  
GuideStone  
P.O. Box 819109  
Dallas, TX 75381-9109  
Fax: 1-866-692-6327

Questions? Call 1-877-888-9409 ext. 1

Email: [MissionDignity@GuideStone.org](mailto:MissionDignity@GuideStone.org)

### APPLICANT INFORMATION

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Title:  Rev.  Mr.  Mrs.  Ms.

Full name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Gender:  Male  Female Birth date: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Which church do you currently attend: \_\_\_\_\_

City of church: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary language:  English  Spanish  Korean  Other \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

Please provide the name and contact information of a relative or friend we can contact if we are unable to reach you.

Contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Would you like your mail to be sent to this alternate contact?  Yes  No

### LIVING SITUATION

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House (own/buying)

Nursing home

Apartment

With relative

House (renting)

Apartment (rent based on income)

Assisted living

Other: \_\_\_\_\_



**SPOUSE INFORMATION**

Marital status:  Married  Widowed  Single  Divorced

Spouse name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Spouse birth date: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Has your current spouse ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

DATE OF:  SPOUSE'S DEATH: \_\_\_\_\_  DIVORCE: \_\_\_\_\_

**PAID SOUTHERN BAPTIST SERVICE**

What year did you or your spouse enter the ministry? \_\_\_\_\_ Total years of salaried service: \_\_\_\_\_

Were all of the listed years full-time Southern Baptist service?  Yes  No If no, how many years of service were bivocational? \_\_\_\_\_

Was there a break in service?  Yes  No If yes, how many years? \_\_\_\_\_

Has your spouse had any years of service?  Yes  No If yes, how many years? \_\_\_\_\_

Names of states/foreign countries served: \_\_\_\_\_

Capacity in which you or your spouse served (check all that apply):

- Pastor  Church administrator  Seminary staff
- Associate pastor  Director of missions  State convention staff
- Minister of music  Missionary  Children's home staff
- Minister of education  Board/commission staff  Other: \_\_\_\_\_

**ESTIMATED NET MONTHLY INCOME (AMOUNT AFTER ANY DEDUCTIONS)**

	Applicant	Spouse
GuideStone® retirement benefit	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Veterans benefit (include copy of VA approval letter)	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Salary	\$ _____	\$ _____
Other pension plans	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**ASSETS**

Please indicate an amount even if it is zero (\$0.00).

Real estate (other than home)	\$ _____	Certificates of Deposit (CDs)	\$ _____
Checking account balance	\$ _____	Other investments	\$ _____ (including stocks, bonds, etc.)
Savings account balance	\$ _____	<b>Total</b>	<b>\$ _____</b>

**ESTIMATED MONTHLY EXPENSES**

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- \$ \_\_\_\_\_ Mortgage, rent or room and board
- \$ \_\_\_\_\_ Utilities (combined total of gas, electric, telephone, water, etc.)
- \$ \_\_\_\_\_ Prescription drug bills (out-of-pocket costs not covered by insurance)
- \$ \_\_\_\_\_ Medical bills (out-of-pocket costs not covered by insurance)
- \$ \_\_\_\_\_ Food and household items
- \$ \_\_\_\_\_ Car payment
- \$ \_\_\_\_\_ Car expense (gas, maintenance, etc.)
- \$ \_\_\_\_\_ Automobile insurance premium
- \$ \_\_\_\_\_ Burial insurance premium
- \$ \_\_\_\_\_ Homeowner's insurance premium
- \$ \_\_\_\_\_ Life insurance premium
- \$ \_\_\_\_\_ Medical insurance premium
- \$ \_\_\_\_\_ Other insurance premium
- \$ \_\_\_\_\_ Tithe
- \$ \_\_\_\_\_ Other expenses
- \$ \_\_\_\_\_ Property tax on home
- \$ \_\_\_\_\_ **Total**

**INCOME-BASED ASSISTANCE**

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Do you or your spouse receive any of the following income-based assistance (not including Mission:Dignity®):  
(NOTE: These income-based assistance programs do NOT disqualify you from receiving assistance from Mission:Dignity.)

<input type="checkbox"/> Medicaid assistance with medical or drug plan costs	<input type="checkbox"/> Medicaid assistance with nursing home costs
<input type="checkbox"/> Medicare Part D at reduced or no cost	<input type="checkbox"/> HUD-financed housing
<input type="checkbox"/> Assistance with rent and/or utilities	<input type="checkbox"/> Food stamps \$ _____
<input type="checkbox"/> Other: _____	

Is your Medicare premium deducted from your Social Security check?     Yes     No

**ADDITIONAL INFORMATION (ATTACH ADDITIONAL PAGES AS NEEDED)**

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Please tell us about any specific needs or give additional information concerning your situation.

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**APPLICANT SIGNATURE (SIGN BELOW)**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant has granted power of attorney, allowing someone else to act on his or her behalf, send a copy of the documentation with this application, unless you have already given a copy to GuideStone.

**PRAYER MINISTRY**

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The Mission:Dignity ministry provides prayer cards to donors that have the names of recipients who've given permission to share their information. Would you allow us to share your and your spouse's name (if applicable), address and birth date (month and day only) on a prayer card with donors of the program?     Yes     No

**HOW DID YOU HEAR ABOUT MISSION:DIGNITY?**

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- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Church brochure | <input type="checkbox"/> Referral by a pastor | <input type="checkbox"/> State paper |
| <input type="checkbox"/> Website         | <input type="checkbox"/> Relative/Friend      |                                      |
| <input type="checkbox"/> Social media    | <input type="checkbox"/> Other: _____         |                                      |

Please place your picture here (not required):