

**APPLICATION FORM FOR STATE SIDE MINISTERIAL AID**

**For retired ministers who have served the Cumberland Presbyterian Church for 15 or more years**

1. First and last name: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Marital Status (check one option): Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Single: \_\_\_\_\_  
A. First and last name of living Spouse: \_\_\_\_\_  
B. Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Name of presbytery that you currently belong to: \_\_\_\_\_
7. Years of Ministerial service for the CP Church: \_\_\_\_\_
8. Name of Presbytery/Church/academic institution/ missionary field where you have served. Please include the number of years of service beginning with the most recent. If you need to include more names please use an additional sheet of paper.  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_
9. Do you or your spouse have any source of income? YES: \_\_\_\_\_ NO: \_\_\_\_\_
10. Please list all sources of income and monthly amounts below:  
A. Pensions: \_\_\_\_\_ B. Annuities: \_\_\_\_\_  
C. Retirement Account Balances: \_\_\_\_\_ D. Social Security: \_\_\_\_\_  
E. Supplemental Security Income (SSI): \_\_\_\_\_ F. Medicaid: \_\_\_\_\_  
G. State Welfare program: \_\_\_\_\_ H. Savings: \_\_\_\_\_  
I. Other income (Please describe): \_\_\_\_\_
11. Do you or your spouse own any personal or real assets (home, land, vehicles, etc.)  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
12. What are your total monthly liabilities? \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

All information is confidential and will not be released or viewed by anyone other than the Board of Stewardship.

**APPLICATION FORM FOR STATE SIDE MINISTERIAL AID**

**For Living Spouse of deceased minister who have served the Cumberland Presbyterian Church  
for 15 or more years**

1. First and last name: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. First and Last name of Deceased Minister: \_\_\_\_\_
6. Name of presbytery last belonged to: \_\_\_\_\_
7. Years of Ministerial service for the CP Church: \_\_\_\_\_
8. Name of Presbytery/Church/academic institution/ missionary field where Minister served. Please include the number of years of service beginning with the most recent. If you need to include more names please use an additional sheet of paper.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_
9. Do you have any source of income? YES: \_\_\_\_ NO: \_\_\_\_
10. Please list all sources of income and monthly amounts below:
  - A. Pensions: \_\_\_\_\_ B. Annuities: \_\_\_\_\_
  - C. Retirement Account Balances: \_\_\_\_\_ D. Social Security: \_\_\_\_\_
  - E. Supplemental Security Income (SSI): \_\_\_\_\_ F. Medicaid: \_\_\_\_\_
  - G. State Welfare program: \_\_\_\_\_ H. Savings: \_\_\_\_\_
  - I. Other income (Please describe): \_\_\_\_\_
11. Do you own any personal or real assets (home, land, vehicles, etc.) Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
12. What are your total monthly liabilities? \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

All information is confidential and will not be released or viewed by anyone other than the Board of Stewardship.