



# Family Assistance Funds Application

**PLEASE PRINT:**

1. Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Amount Requested: \$ \_\_\_\_\_ Email: \_\_\_\_\_  
 Purpose of Request: \_\_\_\_\_

3. What is your current weekly income?  
 Secular Work \$ \_\_\_\_\_  
 Church \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Wife's Weekly Income \$ \_\_\_\_\_  
 Weekly TOTAL: \$ \_\_\_\_\_

4. Have you ever received Family Assistance Funds before? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, when? Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5. Are you currently under "North American Missions Status" as described below? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Signatures Required:  
 District Superintendent \_\_\_\_\_ Date \_\_\_\_\_  
 District NA Missions Director \_\_\_\_\_ Date \_\_\_\_\_  
 District Ladies Ministries President \_\_\_\_\_ Date \_\_\_\_\_

## Qualifications and Guidelines

The Ladies Ministries of the United Pentecostal Church International provides a generous allocation annually to assist with the emergency needs of church planters. These funds are distributed using the following guidelines.

- Request must be for a district-endorsed North American Missions Work ( A North American missions work is defined as a work not over 5 years in existence).
- All emergency requests for Family Assistance Funds must be confirmed by the District Superintendent, the District North American Missions Director and the District Ladies Ministries President.
- Upon receiving the application, an immediate review will be made and approved funds will be dispersed. An incomplete application or lack of information will delay processing.
- All applicants are encouraged to exhaust every other avenue (i.e. loans, district assistance, payment plans, etc.) before applying for Family Assistance Funds.
- The request should be designated toward a need that affects the missionary and his/her family.
  - Medical emergencies have priority.
  - Dental surgery (if emergency) which has become, or has the potential of becoming, a medical problem will receive special consideration. **Receipts are required.** All applicants for dental assistance will be encouraged to work out payments with their dentist. Routine dental work will not be covered.
  - Assistance toward the purchase of appliances (**receipts required**):
 

Washer	Will pay half of purchase up to \$200.00
Dryer	Will pay half of purchase up to \$100.00
Kitchen Stove	Will pay half of purchase up to \$100.00
Refrigerator	Will pay half of purchase up to \$200.00
AC Unit	Will pay half of purchase up to \$100.00
  - Vehicle repairs: Must be an emergency situation. Assistance is limited to \$500.00. Must present a written estimate, or bill for repairs with application.
- Ladies Ministries, which has provided the funds for this project, would appreciate any pictures and "Thank You" letters. Please forward these to the North American Missions.

<b>For Office Use Only:</b>	<b>Approved by:</b> _____	<b>Date:</b> _____
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