

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

The Anglican Church in Aotearoa, New Zealand and Polynesia, as part of its pastoral care for clergy and their families, has entrusted funds to Anglican Financial Care to be used to assist clergy and widow/ers in times of financial need.

Anglican Financial Care understands that it can be uncomfortable filling out forms, particularly when it involves personal circumstances. However, to fulfil our trustee obligations we must ask certain personal questions to verify that the claims fall within the terms of the trust. All information disclosed will remain confidential.

If you have any queries about making an application you should contact either your Bishop, the Registrar/Administrator or Anglican Financial Care's office.

1. Personal details

Title	First name(s)	Surname									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
Date of birth	Daytime / mobile phone										
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>
D	D	M	M	Y	Y	Y	Y				
Postal address	Number / Street / PO Box										
	<input style="width: 100%;" type="text"/>										
	Suburb / City	Postcode									
	<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>									
Email address	<input style="width: 100%;" type="text"/>										
Martital status:	<input type="checkbox"/> Single / Widowed	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> De facto / Civil Union							
Age of dependants:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>							
Diocese / Hui Amorangi:	<input style="width: 100%;" type="text"/>										
Qualifying category:	<input type="checkbox"/> Stipendiary Clergy	<input type="checkbox"/> Retired Clergy	<input type="checkbox"/> Non Stipendiary Clergy or Minita-a-iwi	<input type="checkbox"/> Clergy Widow or Widower							

2. Claim details

Amount applied for: \$

What particular expense(s) do you need assistance with? Please provide full details. Attach a further page if necessary along with evidence of costs.

Have you sought help from other agencies? [WINZ, other Church Trusts] Yes [please specify] No

Financial details: (must be completed fully & accurately)

Periodic income and expenditure amounts [e.g. fortnightly, monthly, quarterly or annually] should be averaged monthly [e.g. for fortnightly multiply by 26 and then divide by 12; quarterly, multiply by 4 and divide by 12].

3. Monthly combined household income

	Monthly income [after tax]
Applicant - Stipend / Salary / Wages / Benefit	\$ <input type="text"/>
Spouse / partner - Stipend / Salary / Wages / Benefit	\$ <input type="text"/>
Allowances [housing / travel / books etc.]	\$ <input type="text"/>
Church or other private pension	\$ <input type="text"/>
NZ superannuation [combined - if applicable]	\$ <input type="text"/>
Rental income	\$ <input type="text"/>
Interest / dividends	\$ <input type="text"/>
Family trust income	\$ <input type="text"/>
Other regular income [child support, working for families etc.]	\$ <input type="text"/>
Total monthly income:	\$ <input type="text"/>

4. Monthly combined household expenditure

	Estimated monthly costs
Mortgage payments or rental payments	\$ <input type="text"/>
Hire purchase, personal loan repayments, student loan repayments	\$ <input type="text"/>
Credit cards / Store cards	\$ <input type="text"/>
Household costs [power / gas / telephone / rates / maintenance etc.]	\$ <input type="text"/>
Living expenses [food / groceries / clothing etc.]	\$ <input type="text"/>
Motor vehicle expenses [running expenses / registration / maintenance etc.]	\$ <input type="text"/>
Insurance premiums [house / contents / health / life / auto etc.]	\$ <input type="text"/>
Offerings / donations / gifts	\$ <input type="text"/>
Retirement savings	\$ <input type="text"/>
Total monthly expenditure:	\$ <input type="text"/>

5. Statement of assets [at date of application]

Bank	Estimated current value
Cheque account	\$ <input type="text"/>
Savings account	\$ <input type="text"/>
Private investments	
Shares	\$ <input type="text"/>
Term deposits	\$ <input type="text"/>
Other [please specify]: _____	\$ <input type="text"/>
Superannuation / KiwiSaver	
Applicant - retirement savings	\$ <input type="text"/>
Spouse / partner - retirement savings	\$ <input type="text"/>
Property [property use i.e. rental, family home]	
Property 1	\$ <input type="text"/>
Property 2	\$ <input type="text"/>
Vehicles	
Automobile 1 - Model: _____ Age: _____	\$ <input type="text"/>
Automobile 2 - Model: _____ Age: _____	\$ <input type="text"/>
Boat / caravan	\$ <input type="text"/>
Total assets:	\$ <input type="text"/>

6. Family trust

Have you set up a family trust and / or are you a trustee / beneficiary of a family trust? Yes [please specify] No

7. Acting as Guarantor

Are you guaranteeing a loan for any other persons? Yes [please specify] No

8. Statement of liabilities

	Amount owing
Mortgages [please specify mortgage holder]	
Property 1: _____	\$ <input type="text"/>
Property 2: _____	\$ <input type="text"/>
Hire Purchase [please specify]	
HP 1 from: _____	\$ <input type="text"/>
HP 2 from: _____	\$ <input type="text"/>
Personal loan / student loan / car loan [please specify lender]	
Loan from 1: _____	\$ <input type="text"/>
Loan from 2: _____	\$ <input type="text"/>
Credit cards [please specify types]	
Card 1: _____	\$ <input type="text"/>
Card 2: _____	\$ <input type="text"/>
Store cards [please specify types]	
Card 1: _____	\$ <input type="text"/>
Card 2: _____	\$ <input type="text"/>
Outstanding accounts e.g. rates, utilities, etc. [please specify]	
Arrears 1: _____	\$ <input type="text"/>
Arrears 2: _____	\$ <input type="text"/>
Other debt [please specify]: _____	\$ <input type="text"/>
Total liabilities:	\$ <input type="text"/>

9. Important additional information

Please supply additional information that is relevant to your application. This includes:

- » Any correspondence relevant to the application
- » Receipts and/or invoices

10. Declaration

I declare that the information supplied is true and complete. I have not withheld any information on my financial position that may affect Anglican Financial Care's decision on this application. I authorise Anglican Financial Care or its agent to make such enquiries as they deem necessary in order to verify the details set out in my application. I agree that the information provided on this form be given in order to assess my eligibility for a grant. I understand the information will be confidentially retained, but will only be used for administration and statistical purposes.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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