

Financial Assistance Application

For New Zealand residents

Important information

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

IMPORTANT: Financial assistance from Anglican Financial Care is means tested.

There are no fees associated with submitting an application or receiving financial assistance from Anglican Financial Care.

For applications over \$2,000 we will require additional documents to help us assess your application. The supporting documents we require you to return with your application are shown below. We might ask for additional documents, if required, as each application is unique.

We will not provide assistance for:

- » ministry related costs
- » assistance for the purchase, running costs or repairs of vehicles except for retired clergy and clergy widow/ers
- » costs incurred outside New Zealand or Polynesia

Anglican Financial Care can provide assistance by way of a grant or a loan. Where the assistance is by way of a loan, the loan will be on the terms specified by us and agreed upon by you.

Please complete the application form completely. If sections are incomplete we will have to come back to you for additional information which will delay the processing of your application.

Required documents for ALL applications

- » Copies of your and your spouse/partner's three most recent payslips or correspondence from ACC/WINZ etc detailing any benefits you receive.
- » Receipts or quotes for any services / bills you are requiring help with.

Required documents for applications over \$2,000

- » Bank statements - Three months worth for ALL bank accounts. This includes savings accounts and credit cards.

If you have any questions about applying for assistance, this form or what documents you should provide with your application, please contact us via email at admin@angfincare.nz or phone (04) 473-9369.

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

1. Personal details

Title First name(s) Surname

Date of birth Daytime / mobile phone
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Postal address

Number / Street / PO Box

Suburb / City Postcode

Email address

Marital status: Single / Widowed Married Separated De facto / Civil Union

Age of dependants:

Diocese / Hui Amorangi:

Qualifying category: Stipendiary Clergy Retired Clergy Non Stipendiary Clergy or Minita-a-iwi 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.

3. Payment details

If my application is approved, please pay the funds into the account shown below.

Name of account holder

Account details

Bank Branch Account Suffix

Please note: In some cases we might require payment be made directly to the service provider.

4. What is your total household income?

In this section you need to tell us about the money the household has coming in.

How much do you receive in hand during this period?

Applicant:

Salary / wages

\$

Weekly Fortnightly Monthly

Spouse / partner

Salary / wages

\$

Weekly Fortnightly Monthly

Please submit your three most recent payslip for each person.

How much income from other sources do you receive each month?

- If you receive an income that counts for both of you, only include it in one place. Eg. Working for Families benefit

Applicant:

Self-employed income:

\$

Weekly Fortnightly Monthly

NZ Superannuation:

\$

Clergy pension:

\$

Other pension / super:

\$

Weekly Fortnightly Monthly

Benefit:

\$

Weekly Fortnightly Monthly

Child support:

\$

Weekly Fortnightly Monthly

Interest / dividends:

\$

Weekly Fortnightly Monthly

Other*:

\$

Weekly Fortnightly Monthly

Spouse / partner

Self-employed income:

\$

Weekly Fortnightly Monthly

NZ Superannuation:

\$

Clergy pension:

\$

Other pension / super:

\$

Weekly Fortnightly Monthly

Benefit:

\$

Weekly Fortnightly Monthly

Child support:

\$

Weekly Fortnightly Monthly

Interest / dividends:

\$

Weekly Fortnightly Monthly

Other*:

\$

Weekly Fortnightly Monthly

* Please describe what the Other income is from on the Notes section of this application form and provide proof of this income.

How much income do you receive each from currently owned rental properties or boarders before tax?

Rental income:

\$

Weekly Fortnightly Monthly

Boarder income:

\$

Weekly Fortnightly Monthly

5. What assets / savings do you have?

In this section you need to tell us about the things you and your household own, and their current value.

What assets do you own?

Family home:	\$ <input type="text"/>	Address:	<input type="text"/>
Property 1:	\$ <input type="text"/>	Address 1:	<input type="text"/>
Property 2:	\$ <input type="text"/>	Address 2:	<input type="text"/>
Cheque accounts:	\$ <input type="text"/>	Superannuation / KiwiSaver:	\$ <input type="text"/>
Savings accounts:	\$ <input type="text"/>	Vehicle 1 _____ year	\$ <input type="text"/>
Shares:	\$ <input type="text"/>	Vehicle 2 _____ year	\$ <input type="text"/>
Term deposits:	\$ <input type="text"/>	Other assets over \$1,000:	\$ <input type="text"/>
Household contents (value):	\$ <input type="text"/>		

6. What debts does the household have (what do you owe)?

In this section you need to tell us about the debts you and your household have.

How much do you owe in total for:

Family home mortgage:	\$ <input type="text"/>	Finance company 1:	\$ <input type="text"/>
Property 1 mortgage:	\$ <input type="text"/>	Finance company 2:	\$ <input type="text"/>
Property 2 mortgage:	\$ <input type="text"/>	Personal loan 1:	\$ <input type="text"/>
Student loans:	\$ <input type="text"/>	Personal loan 2:	\$ <input type="text"/>
Credit card 1:	\$ <input type="text"/>	Bank overdraft 1:	\$ <input type="text"/>
Credit card 2:	\$ <input type="text"/>	Bank overdraft 2:	\$ <input type="text"/>
Hire purchase 1:	\$ <input type="text"/>	Vehicle finance 1:	\$ <input type="text"/>
Hire purchase 2:	\$ <input type="text"/>	Vehicle finance 2:	\$ <input type="text"/>
Store card 1:	\$ <input type="text"/>	Other liabilities over \$1,000*:	\$ <input type="text"/>
Store card 2:	\$ <input type="text"/>		

* Please describe what the Other liabilities over \$1,000 are in the Notes section of this application form.

7. What is your total monthly household expenditure?

In this section you need to tell us about the money you and your household have going out each week. The more information we have, the better we will be able to assess your individual circumstances.

How much do you pay in rent each month?

\$

How much do you pay each month on mortgages for currently owned properties?

Family home: \$

Property 1: \$

Property 2: \$

How much do you pay each month for:

Council rates: \$

Children's education: \$

Water rates: \$

Child care: \$

Electricity / gas: \$

Child maintenance: \$

Phone: \$

Entertainment: \$

Internet: \$

Credit card 1: \$

Sky / Netflix etc: \$

Credit card 2: \$

Groceries: \$

Store card 1: \$

Takeaways: \$

Store card 2: \$

Doctor / dentist /
optician: \$

Personal loan 1: \$

Pharmacy / medication: \$

Personal loan 2: \$

House / contents
insurance: \$

Hire purchase payment 1: \$

Life insurance: \$

Hire purchase payment 2: \$

Medical insurance: \$

Finance company 1: \$

Vehicle / boat insurance: \$

Finance company 2: \$

Petrol / road user charges: \$

Student loans: \$

Public transport: \$

Offerings / donations /
gifts: \$

Car maintenance: \$

Regular savings: \$

Home maintenance: \$

Other 1: \$

* Please describe what the Other expenses over \$1,000 you have in the Notes section of this application form.

8. Family trust

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

9. Acting as Guarantor

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

10. Assistance from other parties

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

Are you receiving funding from other sources? Ex. Insurance for health costs Yes [please specify] No

11. 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 financial assistance.

I **understand** the information will be confidentially retained, but will only be used for administration and statistical purposes.

Signature

Date

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Notes:

Use this page to provide any other information which is relevant to your application.

For example:

- » If you have other income you need to describe or other expenses not covered in the application.
- » Any other information you think we might need to know in order to assess your application.