

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

Assistance will only be provided if the application meets the requirements contained in the rules for financial assistance. Assistance is not guaranteed and may not be able to be provided in every case.

## 1. Personal details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Daytime / mobile phone	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> (0 <input type="text"/> )	
Postal address	Number / Street / PO Box	
	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Country	Email address	
<input type="text"/>	<input type="text"/>	
Martital status:	<input type="checkbox"/> Single / Widowed	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> De facto
Age of dependants:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Qualifying category:	<input type="checkbox"/> Stipendiary Clergy	<input type="checkbox"/> Retired Clergy
	<input type="checkbox"/> Non Stipendiary Clergy	<input type="checkbox"/> Clergy Widow or Widower

## 2. Claim details

Amount applied for: \$

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

Can you get help with these costs from anywhere else?  Yes [please specify]  No

### 3. Statement of assets [at date of application]

Total monthly household income

\$

Total monthly household spending

\$

### 4. Property

Do you own a property?

Yes

No

If yes, what is its value?

\$

### 5. Important additional information

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

- » Any correspondence important to the application
- » Receipts or invoices

### 6. 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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### 7. Pension Committee recommendation [to be completed by a representative of Pension Committee]

Is this application supported by the Pension Committee?

Yes

No

Amount of assistance recommended by the Pension Committee:

\$

Recommendation:

Further comments:

Signature of representative of Pension Committee

Date

D	D	M	M	Y	Y	Y	Y
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Name of signatory