

Application for AMA Monthly Assistance

General Council of the Assemblies of God

FULL NAME : _____ BIRTH DATE: _____ AGE: _____

ADDRESS : _____ CITY : _____ STATE: _____ ZIP: _____

Your PHONE NUMBER: _____ Your E-MAIL: _____

EMERGENCY CONTACT _____ Phone number () _____
(Other than your spouse) (Other than your home phone #)

A. PERSONAL STATUS

1. Married _____ Remarried _____ Widowed _____ Divorced _____ Separated _____ Single _____ (check one)
2. Full name of spouse: _____ Birth Date: _____ Age: _____
3. Full date of marriage _____ Condition of spouse's health _____
4. If deceased, give full date of spouse's death _____
5. What year were you ordained with the General Council? _____ District? _____
6. If ordained less than 10 years, what year were you licensed? _____
7. With what district are you now affiliated? _____
8. What church do you attend? _____ City _____ State _____
9. How many years did you serve the Assemblies of God in active ministry as a licensed or ordained AG minister?
_____ How many years did your spouse serve with you during active ministry? _____
10. How many years since you have had an active ministry? _____
11. Reasons for inactivity _____

B. FAMILY STATUS

1. List names of all your children and give the following information for each:

FULL NAME	AGE	STREET ADDRESS	CITY	ST	ZIP

2. Are your children assisting you financially? If yes, please list how: _____

3. Do you have dependent children? _____ If yes, how many? _____ Ages _____

C. FINANCIAL STATUS

1. Are you on Social Security now? _____ If not Yes, then when? _____

2. My (our) **MONTHLY** income from:

(a) Social Security Monthly Benefit \$ _____ Spouse _____

PART B Medicare payment \$ _____ Spouse _____

(b) Supplemental Security Income (SSI) \$ _____ Spouse _____

(c) Interest Earnings \$ _____ Spouse _____

(d) Investments, Rental Propety \$ _____ Spouse _____

(e) IRA or retirement distribution \$ _____ Spouse _____

(f) Other regular income \$ _____ Spouse _____

Describe other income: _____

3. Have you applied for assistance from any other sources? If so, please list:

Do you have MEDICAID? _____ PART D? _____ Supplemental insurance? _____

4. My (our) **CURRENT INVESTMENTS**:

(a) Do you own your home? _____ Rent? _____ Live with children or relatives? _____

(b) If you live in your own home, is it paid for? _____ If not, remaining months on mortgage? _____

(c) Do you own other real estate? _____ Please describe property (farm land, house, etc.)

Are you renting this property to someone? _____ If yes, for how much monthly? _____

(d) List all account balances : \$ _____ \$ _____ \$ _____
(checking) (savings) (MBA or retirement)

(e) Do you have life insurance? () yes () no If yes, how much? _____

On your spouse's life? () yes () no If yes, how much? _____

NOTE: ***We encourage having some savings, insurance, etc. for possible emergencies .***

Comments or Questions: _____

**You must include a copy of your current Social Security Benefit Letter for each applicant.
If you receive SSI funds, you must also include a copy of that letter**

SIGNATURE OF APPLICANT _____ DATE _____

FAX this to AMA – 417-831-0207, or scan and email to ama@ag.org, or mail to

AMA, General Council of the Assemblies of God

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