

APPLICATION FORM



The Kairos Benevolence Fund exists to provide compassion and care for ministry colleagues.

PO Box 19700, Irvine, CA 92623-9700

Individuals wishing to apply to the Kairos Benevolence Fund (KBF) for assistance should complete all of the following information. You must be willing to be contacted by KBF for additional clarification or details. KBF uses a team of experienced ministry, missionary and business professionals, geographically located throughout the United States, to evaluate each application. KBF will provide you with a final determination regarding your eligibility to receive a grant. Every attempt will be made to maintain confidentiality throughout this process if you so desire.

Once you have completed the information requested, you may click submit to send the information electronically, or you may print and mail the form to **Kairos Benevolence Fund, Attention: David Pace, PO Box 19700, Irvine, CA 92623-9700.**

I. PERSONAL INFORMATION

Date _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone Number _____ E-mail Address _____

Gender: M F _____ Date of Birth (mm/dd/yyyy) Age _____ Marital Status Single Engaged Married Widowed Single Again

Do you have minor children living with you? Yes No _____
Number

Please indicate the ages of any minor children living with you: _____

What church do you attend? _____

To the best of your ability, in the space provided below, briefly describe what you believe to be the most important need(s) to be met by the Kairos Benevolence Fund, the situation that created the need(s), the amount of financial assistance needed to meet the need(s), and how quickly the need(s) must be satisfied. (The block below will expand if you need more space to write):

Have you applied to any other private or public organization to assist with meeting this need? Yes No

If yes, please name the organizations:

Have you met with any financial advisors or counselors to address plans for meeting your needs long term? Yes No

If yes, who did you meet with?

II. EMPLOYMENT INFORMATION

Please briefly describe, in the space provided below, the history of your ministry and/or missionary service together with the approximate dates, places, and names of churches and/or organizations:

Are you presently employed? Yes No

If yes, are you: Full-time Part-time

If not, are you: Retired Disabled Unemployed Other

If you are currently employed, what is the name of your employer? _____

If you are married, is your spouse currently employed? Yes No N/A

If yes, are they: Full-time Part-time

If not, are they: Retired Disabled Unemployed Other

If you are married and your spouse is currently employed, what is the name of their employer? _____

If you or your spouse are not Retired or Disabled, and are currently Unemployed, please briefly describe your efforts to find employment and indicate whether you are currently receiving any unemployment benefits or severance benefits from the government or a former employer.

III. HOUSING INFORMATION

Do you own the home that you are currently living in? Yes No

If yes, do you have a mortgage loan? Yes No

Amount remaining on your mortgage? \$ _____

Do you own a home that you are not currently living in? Yes No

If yes, please indicate why:

If you are not living in a home that you own, please indicate which option best describes your situation:

- | | |
|--|-------------------------------------|
| I am living in a parsonage | I am in an assisted living facility |
| I am living in a rental property | I am in a skilled nursing facility |
| I am living with a family member or friend | Other - please describe: |

Please indicate how long you have lived at your present location: _____ Months _____ Years

If you are requesting housing assistance, have you told your Lender, Landlord or other housing provider about your need? Yes No

IV. REFERENCES

Please supply the name and contact information for at least 3 individuals that you would be willing for KBF to contact regarding your need(s). Again, please be assured that all information discussed will remain confidential.

- _____
- _____
- _____
- _____

If you are unwilling to supply references for this application, please describe your reluctance in the space provided below:

V. REFERRAL INFORMATION

How did you hear about the ministry of the Kairos Benevolence Fund?

- | | |
|-----------------------------------|--|
| I spoke with a KBF Representative | From a friend |
| I saw a KBF video presentation | From a Center for Church Leadership Representative |
| On the KBF website | Other – please explain: |

VI. CERTIFICATION

By typing or printing your initials in the box provided below you are certifying the accuracy of the information you have provided above, that you have carefully read the opening paragraphs, that KBF has your permission to share the details of this application with the KBF Distribution Team, and that KBF may contact you, and persons you recommend, for more information.

Type or Print Initials: _____

Grants from the Kairos Benevolence Fund are only available to vocational ministry personnel, or immediate family members, who are United States Citizens and have been trained, ordained, and deployed through Colleges, Universities and Christian Churches and/or Church of Christ based in the United States that are affiliated with the Restoration Movement.

I hereby certify that I meet this requirement, and will provide a copy of my Ordination Certificate upon request.