



# APPLICATION FORM

**The Kairos Benevolence Fund exists to provide compassion and care for ministry colleagues. The fund is administered by Kairos Legacy Partners, a member of the Provision Ministry Group.**

Individuals wishing to apply to the Kairos Benevolence Fund for assistance should complete all of the following information. You must be willing to be contacted by Kairos Legacy Partners for additional clarification or details. Kairos Legacy Partners uses a team of experienced ministry, missionary and business professionals, geographically located throughout the United States, to evaluate each application. Kairos Legacy Partners will provide you with a final determination regarding your eligibility to receive a grant. An individual may submit more than one application form for each unique and specific need. Confidentiality will be maintained throughout this process. Grants are only available for one-time specific payments and are not available on a monthly or recurring basis.

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, 2040 Main St., Suite 400, Irvine, CA 92614-8270.***

## PERSONAL INFORMATION:

Date:													
First Name:			Last Name:										
Address:													
City:			State:		ZIP code:			Phone #:					
Cell Phone #:				E-mail Address:									
Gender:	M or F		Date of Birth:				Age:						
Marital Status:	Check Box Options for Single, Engaged, Married, Widowed, Single Again												
Do you have minor children living with you?								Yes or 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 or 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 or No		If yes, who did you meet with?							



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## 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 or No	If yes, are you?	Fulltime or 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 or No or N/A	If yes, are they?	Fulltime or 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.					

## HOUSING INFORMATION:

Do you own the home that you are currently living in?	Yes or No	If yes, do you have a mortgage loan?	Yes or No	Amount remaining on your mortgage?	\$
Do you own a home that you are not currently living in?	Yes or 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 living in a rental property I am living with a family member or friend I am in an assisted living facility I am in a skilled nursing facility 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 or No



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## REFERENCES:

Please supply the name and contact information for at least 3 individuals that you would be willing for Kairos Legacy Partners to contact regarding your need(s). Again, please be assured that all information discussed will remain confidential.
1.
2.
3.
If you are unwilling to supply references for this application, please describe your reluctance in the space provided below:

## REFERRAL INFORMATION:

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

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

## 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 Kairos Legacy Partners has your permission to share the details of this application with its Benevolence Fund Grant Committee, and that Kairos Legacy Partners may contact you, and persons you recommend, for more information.

Type or Print Initials:	
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