

Help In Service Fund Application Form

Association of Free Lutheran Congregations
3110 East Medicine Lake Blvd
Plymouth, MN 55441
763.545.5631

The purpose of the HIS Fund is to assist AFLC pastors and their families with financial needs resulting from various unforeseen circumstances. Any money distributed is done so as a gift. Repayment is not expected. However, if a recipient finds himself in a position and has a desire to give to the HIS fund at a later time, they are encouraged to give to the AFLC and designate the gift to the HIS fund.

The application must be fully completed to be considered.

Full Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Explanation of Need:

Funds Needed for the Payment of: ___ Mortgage/Rent ___ Utilities ___ Medical ___ Food ___ Transportation
___ Other (Explain Below) _____

(Additional information may be requested)

Amount Requested \$: _____ Date Funds Are Needed: _____

Why Funds Are Needed: _____

Provide Name, Address & Phone Number of each Party to Whom Requested Funds will be paid:

What steps have been taken to obtain financial assistance from non-church sources?

How will you meet this (these) financial obligations going forward?

Is the Applicant related to a member, employee, officer or benefits board member of the AFLC? ___ No ___ Yes, list names: _____

Has the Applicant received assistance from the HIS Fund in the past 12 months?

___ No ___ Yes, what was the amount received? \$: _____ Date: _____

NOTE: By signing below I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided the Benefits Board accurate and honest responses.

Applicants Signature: _____ Date: _____

Please submit this completed from the Office of the President. He will forward the request to the Benefits Board for approval and processing.

President's Signature: _____ Date: _____

Help In Service Fund Request Approval Status

(For Benefits Board Use Only)

Requested by: _____ Date Received: _____

Recommendation received from the President on: _____

___ Request Approved; Amount Approved \$: _____

Observations/Recommendations:

___ Request Denied; Reason(s) for Denial:

Board Members Making the Decision:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____