



## LUTHERAN PASTORS' ASSISTANCE FUND

### Ministering to the Ministers of the Gospel

We understand there can be times in life that hit us hard financially and unexpectedly. A serious health or family issue, a costly repair or emergency situation can add financial strain to our situation. If you are a Lutheran Pastor or surviving spouse of a Lutheran Pastor in Southern California who meets the criteria below, then we may be able to grant you a gift of funds provided by generous supporters of this ministry. We know this can be a sensitive matter, so your request will be kept in strictest confidence. Depending on the specific need and availability of funds, this gift usually ranges from \$500 to over \$1,000.

If you qualify, please fill out the attached form and submit it to the attention of the LSS Community Care Foundation by emailing [ewald@lsscommunitycare.org](mailto:ewald@lsscommunitycare.org). You can also mail the completed form to the address given on this correspondence.

#### **Eligibility Requirements**

An individual may be eligible to receive assistance from this fund if he or she is a working or retired pastor and meets this criteria:

- Is an ordained Lutheran Pastor.
- Was called as a Pastor in Southern California at any point to the present or prior to retirement.
- Is a surviving spouse of a retired Pastor who met (meets) the above criteria.

#### **Individuals Not Eligible**

Persons receiving government housing assistance and/or Medicaid or Medi-Cal should not apply as it might reduce or eliminate your government assistance benefits.

#### **Application Process**

If you OR someone you know meets the eligibility requirements, please complete the application available on-line at [www.lsscommunitycare.org](http://www.lsscommunitycare.org). You may also contact us to receive an application or to discuss program eligibility: (714) 685-1800.



## APPLICATION

Lutheran Pastors' Assistance Fund

**Name of applicant:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of spouse:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Affiliation with the Lutheran Faith:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fund amount requested:** \_\_\_\_\_

**The reason for your request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The date by which the money is needed:** \_\_\_\_\_

**The best time of day to contact you:** \_\_\_\_\_

**Mail completed application to:  
Lutheran Pastors Assistance Fund  
2101 E. 4<sup>th</sup> Street Suite #215 Santa Ana, CA 92705**