

**Confidential Request for Assistance from the Joe and Lois Perkins Fund
for Retired Ministers and Surviving Spouses of the Legacy North Texas Conference**

Request for Assistance for Unanticipated Financial Needs

DEADLINES TO RETURN TO THE CONFERENCE:

1st Cycle is NOVEMBER 1, 2ND Cycle is MARCH 1, 3rd Cycle is JULY 1.

I would like to request financial assistance from the Joe and Lois Perkins Fund. I (we) have experienced unanticipated financial needs(s) in the area(s) of:

*(If these expenses have occurred in the last twelve months, please provide name(s) of service or provider(s), amount billed, and a copy of the bill showing the exact itemized services and paid receipt. **Please note, a paid receipt alone is not sufficient and will not be included in the request.** These amounts must be approved by the committee as stipulated in the Endowment Fund Documents.) Please use additional blank page(s) if you need additional space and include in total on request form.*

Healthcare Expenses* (e.g., hearing aids, glasses, dental, hospitalization, medication, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Other Unexpected Expenses* (e.g., home repairs such as air conditioner and heating repair, plumbing repair, car repairs, storm damage not covered by insurance, funeral expenses, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

*These lists are intended as examples of financial need and not as complete lists.

Date: _____ Phone: _____

Name: _____

Retired Clergy or Surviving Spouse (**please circle one**)

Street: _____

City, State, Zip: _____

E-Mail: _____

Signature: _____

**RETURN THIS FORM AND DOCUMENTATION TO: Horizon Texas Conference, PO Box 50517, Ft Worth, TX 76105-0517 OR
YOU MAY SCAN AND EMAIL THIS FORM AND DOCUMENTATION TO SHAWN-MARIERILEY@HTCUMC.ORG.**