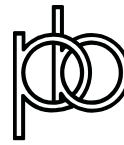


Email completed application or any questions to:

[MinisterialAssistance@pbucc.org](mailto:MinisterialAssistance@pbucc.org) call:

800.642.6543, Ext. 2862

website: [www.pbucc.org](http://www.pbucc.org)



**The Pension Boards**

United Church of Christ, Inc.

**Supplementation for Low-Income Households (Ministerial Assistance)**

I hereby certify that the following information is true and correct.

Applicant's Signature

Date

**PERSONAL INFORMATION**

Name of employee (last, first, middle initial)

Member ID Number (if applicable)

Address (number and street)

City/State/ZIP

Home Telephone Number

Mobile Phone Number

(      )

(      )

E-mail address

Date of Birth

**UCC/PB STATUS**

UCC Authorized Minister

Spouse/Partner of a UCC Authorized Minister

UCC Lay Employee

Spouse/Partner of a UCC Lay Employee

**SPOUSE/PARTNER/POA INFORMATION**

**Marital Status**

Single

My Spouse/Partner has died, and I have remarried

Married/Domestic Partnership

My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership

My Spouse/Partner has died, and I remain single

If your legal name has changed as a result of divorce or marriage, please indicate your new name.

Spouse/Partner Name (if applicable)

Spouse/Partner Date of Birth (if applicable)

**HISTORY OF MINISTERIAL SERVICE**

Name of Clergy or Lay Employee (last, first, middle initial)	How many years did they serve in the UCC?
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Have they served in Massachusetts?	Do they have active UCC standing? (if applicable)
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Category of Service

Ordained Minister     
  Commissioned Minister     
  Licensed Minister     
  Lay Employee

Conference/Association that holds Ministerial Authorization	Date of Ministerial Authorization
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**Clergy and Lay employees are to complete the following employment information for yourself or your late spouse/partner. Attach an additional sheet if necessary.**

Church Name or UCC Organization	City / State	From	To

**DESCRIPTION OF CIRCUMSTANCES**

Use this space to describe any special circumstances that necessitate financial support.

**FAMILY INFORMATION**

Do you receive financial support from any family or friends?  Yes  No

If yes, please identify the person(s) and nature of the financial support.

Do you have financial responsibility for anyone other than your spouse/partner?  Yes  No

If yes, please identify the person(s) and nature of the obligation.

**List someone we may contact if we are unable to reach you regarding this Ministerial Assistance application.**

Name (last, first, middle initial)	E-mail address
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Home Telephone Number (        )	Mobile Phone Number (        )
Does this person have your legal Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship

<b>ACCOUNT INFORMATION</b>	
Are you in the UCC Health Non-Medicare Benefits Plan or UCC Medicare Supplement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the UCC Dental Benefits Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you?</b>	
<input type="checkbox"/> Fully retired/on disability	<input type="checkbox"/> Employed part-time
<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed occasionally

<b>CURRENT ASSETS</b>	
If you currently own, or are in the process of purchasing, a home or other dwelling, what is its estimated value together with that of the land on which it is located?	\$
If you neither own nor are purchasing a home, please check the option that best indicates your living arrangements:	
<input type="checkbox"/> Rent	<input type="checkbox"/> Nursing Home/Skilled Nursing
<input type="checkbox"/> Live with Relative in their home	<input type="checkbox"/> Retirement Center
How much money is in your checking account today?	\$
How much money is in your savings account today?	\$
How much money is in your Retirement Savings Account today?	\$
What is the approximate value of stocks, bonds, CDs, mutual funds, cash?	\$
If you own a car(s), please indicate.	Make Model Year
Do you or your spouse/partner expect to receive an annuity, pension (other than UCC) or grant at a later date? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "Yes" to the previous question, please provide the following information.

Source of Annuity/Pension/Grant	Start Date	Amount

Other financial assets not listed above

If a grant were to be provided, do you wish to have it electronically transferred to your bank account?  Yes  No  
 If you are already set up for direct deposit, we will use that account unless otherwise notified.

**FINANCIAL DEBT**

Amount Owed	Payable to	Reason Debt Incurred

<b>ANTICIPATED ANNUAL HOUSEHOLD INCOME</b>		
	<b>Member</b>	<b>Spouse/Partner</b>
Wage or Salary (before deductions)	\$	\$
Annuity from PBUCC	\$	\$
Other pensions, annuities, IRAs, etc.	\$	\$
Social Security (before deductions)	\$	\$
Rental Income	\$	\$
Stock Dividends	\$	\$
Savings on bond interest	\$	\$
Income from person living with you	\$	\$
Public assistance, including food stamps	\$	\$
Aid from family or friends	\$	\$
Other income (Reverse mortgage or other, please describe)	\$	\$
<b>Income Subtotal</b>	\$	\$

<b>GRANT INCOME</b>		
	<b>Member</b>	<b>Spouse/Partner</b>
Pension Supplementation from PBUCC	\$	\$
Health Supplementation from PBUCC	\$	\$
Ministerial Assistance Grant from PBUCC	\$	\$
Christmas Thank You Check from PBUCC	\$	\$
Grant(s) from other source(s)	\$	\$
<b>Annual Grant Subtotal</b>	\$	\$

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**TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME** **\$**

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<b>ANTICIPATED ANNUAL HOUSEHOLD EXPENSES</b>	
Rent	\$
Mortgage	\$
Nursing Home/Skilled Nursing	\$
Retirement Home	\$
Groceries (including food, toiletries, laundry supplies)	\$
Clothing (including dry cleaning)	\$
Utilities (gas, water, heating, electricity, cable, internet)	\$
Telephone/Cell Phone	\$
Home repair or maintenance (including lawn care and snow removal)	\$
Automobile (fuel, maintenance)	\$
Automobile repair	\$
Automobile insurance	\$
Life Insurance	\$
Health Insurance	\$
Dental Insurance	\$
Home/Property Insurance	\$
Real estate tax	\$
Local/County/State Taxes	\$
Contributions to churches and other non-profits	\$
Personal care	\$
Out-of-pocket medical/dental expenses (not covered by insurance)	\$
Homemaker Service	\$
Transportation (other than automobile expenses)	\$
Other expenses, please describe	\$

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**TOTAL ANTICIPATED ANNUAL HOUSEHOLD EXPENSES**

**\$**

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