

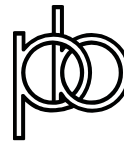
Email completed application or any questions to:

Email: MinisterialAssistance@pbucc.org

Phone: 800.642.6543, Ext. 2714

Fax: 212.729.2701

Website: www.pbucc.org



The Pension Boards
United Church of Christ, Inc.

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

This form is a questionnaire that asks questions relating to your finances, ministerial service, the special circumstances that necessitate financial support as well as other personal information.

This form is used to determine eligibility for assistance, therefore, please ensure information is accurate to the best of your knowledge. **All questions must be answered for us to process your application**

It is required that you attach IRS form 1040 (Income Tax Return) with your application so that we may verify your income. If you do not file taxes yearly, please disregard including form 1040.

If you are a **new applicant** for Supplementation: processing time is between **4 – 7 weeks** and we will reach out to you with our decision.

If you currently receive Supplementation or a Monthly Grant and are submitting this form as part of the yearly reassessment, we will reach out to you if there are any changes to your supplementation during our yearly review.

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

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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

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> My Spouse/Partner has died, and I have remarried |
| <input type="checkbox"/> Married/Domestic Partnership | <input type="checkbox"/> My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership |
| <input type="checkbox"/> My Spouse/Partner has died, and I remain single | |

If your legal name has changed because 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?

Have they served in Massachusetts?

Do they have active UCC standing? (if applicable)

Category of Service

- Ordained Minister
 Commissioned Minister
 Licensed Minister
 Lay Employee

Conference/Association that holds Ministerial Authorization

Date of Ministerial Authorization

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.

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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.

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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.

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List someone we may contact if we are unable to reach you regarding this application.	
Name (last, first, middle initial)	E-mail address
Home Telephone Number ()	Mobile Phone Number ()
Does this person have your legal Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship

ACCOUNT INFORMATION	
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
Are you?	
<input type="checkbox"/> Fully retired/on disability	<input type="checkbox"/> Employed part-time
<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed occasionally

CURRENT ASSETS	
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?

Yes 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

ANTICIPATED ANNUAL HOUSEHOLD INCOME		
	Member	Spouse/Partner
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)	\$	\$
Income Subtotal	\$	\$

GRANT INCOME		
	Member	Spouse/Partner
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)	\$	\$
Annual Grant Subtotal	\$	\$

TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME **\$**

ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	
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	\$

TOTAL ANTICIPATED ANNUAL HOUSEHOLD EXPENSES

\$

Completing this application does not guarantee financial assistance, but will provide us with the information necessary to determine your eligibility and make an informed decision. Thank you for your service to the Church. Your Church is looking forward to serving you.