

FINANCIAL DISCLOSURE STATEMENT FOR ASSISTANCE (UPDATE INFORMATION)

To apply for additional Assistance funds, please provide the information requested. Guidelines have been established which take into consideration the Board's obligation to exercise responsible stewardship of the funds entrusted to the Church, as well as the specific needs of the applicant(s). Staff of the Board of Pensions will evaluate your need for Assistance funds in light of current program guidelines.

When completed, please return this form to: **Manager, Assistance & Retirement Housing, The Board of Pensions, 2000 Market Street, Philadelphia, PA 19103-3298.**

Applicant Name _____ Soc. Sec. No. _____

Applicant Address _____ Birth Date _____

_____ Telephone _____

Marital Status Single Married Divorced Widow(er) Years Served Church _____

Spouse Date of Birth _____ Date of Marriage _____

FINANCIAL INFORMATION

ASSETS	\$	MONTHLY INCOME	\$
Cash/Checking Account		Pension (Board of Pensions)	
Money Market/CDs		Social Security (Applicant)	
Savings Acct/Passbook		Social Security (Spouse)	
Stocks/Bonds/Mutual Funds/IRA		Other Pensions/Annuities	
Value, Primary Residence		Interest from all Savings	
Value, Other Real State		Dividends from Investments	
Other Assets		Other Income	
Total Assets		Total Monthly Income	

