

PERSONAL FINANCIAL DISCLOSURE STATEMENT FOR ASSISTANCE

To apply for assistance, please complete this form and return it to: **Director, Assistance & Retirement Housing, The Board of Pensions, 2000 Market Street, Philadelphia, PA 19103-3298.**

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). These funds are separate from Plan dues. No pension or medical funds are used to finance the Assistance and Retirement Housing Programs of the Board. Staff of the Board of Pensions will evaluate your need for Assistance funds in light of current program guidelines.

Signature of Applicant

Date

PART A. GENERAL INFORMATION

Applicant Name _____ Soc. Sec. No. _____

Applicant Address _____ Birth Date _____

Telephone _____

Marital Status (check one) Single Married Divorced Widow(er)

Name of Spouse _____ Spouse Date of Birth _____

If Spouse is Deceased, Date of Death _____ Date of Marriage _____

PART B. SERVICE HISTORY

To assist the Board in determining eligibility, please complete the following service record. This record should include **only** the service of applicant or spouse who has been employed on a full-time basis in any of the following capacities:

- Employment by a board, agency or local church under the jurisdiction of the Presbyterian Church (U.S.A.) or its predecessors
- Employment approved by the General Assembly or a presbytery of the Presbyterian Church (U.S.A.)
- Employment or service which the Board deems to be appropriate for participation in the Benefits Plan

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| CHURCH OR AGENCY/LOCATION | FROM | TO |
|---------------------------|------|----|
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| | | |
| | | |
| | | |
| | | |
| TOTAL YEARS OF SERVICE | | |

NOTE: IF APPLICANT IS MARRIED, PLEASE INCLUDE INCOME AND ASSETS OF SPOUSE.

PART C. MONTHLY INCOME

Note: Please estimate the monthly amount if you receive income on a quarterly, semi-annual or annual basis (e.g., interest, dividends, annuities, etc.)

| | |
|--|----|
| Pension (from the Board of Pensions) | \$ |
| Social Security (Applicant) | |
| Social Security (Spouse) | |
| Other Pensions/Annuities | |
| Interest from all Savings | |
| Dividends from all Investments | |
| Earnings from Current Employment (if applicable) | |
| Other Income | |
| TOTAL MONTHLY INCOME | \$ |

PART D. ASSETS

| | |
|--------------------------------|----|
| Cash/Checking Account | \$ |
| Savings Account/Passbook | |
| Money Market/CDs | |
| Stocks/Bonds/Mutual Funds/IRAs | |
| Value of Primary Residence | |
| Value of Other Real Estate | |
| Other Assets | |
| TOTAL ASSETS | \$ |

NOTE: PLEASE COMPLETE PART E IF YOU ARE APPLYING FOR A HOUSING SUPPLEMENT.

PART E. REASON FOR REQUESTING A HOUSING SUPPLEMENT

Entrance Fee to a Retirement Home Retirement Home charges

My own house Down payment on home Rent Other

PART F. HOUSING EXPENSES (average per month)

| | |
|--|----|
| Mortgage/Rent | \$ |
| Utilities (gas, electric, water - NOT telephone) | \$ |
| Property Taxes | \$ |
| Insurance (on property) | \$ |
| Maintenance | \$ |

NOTE: PLEASE COMPLETE THE FOLLOWING SECTION IF YOU ARE CURRENTLY RESIDING IN A RETIREMENT FACILITY OR PLANNING TO ENTER A FACILITY WITHIN THE NEXT 12 MONTHS.

PART G. RETIREMENT FACILITY

Name of Facility _____

Address of Facility _____

Monthly Cost \$ _____

Number of Daily Meals Included in Monthly Cost _____

Date Entering/Desiring to Enter Facility _____

Entrance Fee \$ _____

Date Payments need to begin _____