

## 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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> 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	
<b>Total Assets</b>		<b>Total Monthly Income</b>	

If your assistance is used as a HOUSING SUPPLEMENT, please provide the following additional information.

<b>HOUSING EXPENSES (average per month)</b>	
Mortgage/Rent	\$
Utilities (gas, electric, water - NOT telephone)	\$
Property Taxes	\$
Insurance (on residence)	\$
Maintenance	\$
Other	\$
<b>TOTAL</b>	\$

The Housing Supplement being requested is needed for (check **all that apply**)

My own house  Down payment on home  Entrance Fee to a Retirement Home

Retirement Home charges  Other  \_\_\_\_\_

Monthly Cost \$ \_\_\_\_\_ Entrance Fee \$ \_\_\_\_\_

Date entering/desiring to enter facility \_\_\_\_\_

Date payments needed to begin \_\_\_\_\_

I certify that the information provided is true and correct. If my financial circumstances change I will report the change to the Board of Pensions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(for Board use only)**
