THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Income/Housing Supplement Application

Personal information

Name		Last 4 digits of SSN
Mailing address		Date of birth
City	State	ZIP
Daytime phone	Email	

Marital status *(check one)* ☐ Single ☐ Married *(If checked, please fill out section below)* ☐ Divorced ☐ Widowed

Name of spouse	Spouse date of birth
Date of marriage	

Demographic information *(your response to this section is optional)*

By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions offers to plan members and employees affiliated with the Presbyterian Church (U.S.A.). Completion of this section is optional. Visit pensions.org to learn more about how we ensure your privacy.

Ethnicity *(check one)* ☐ Hispanic or Latinx ☐ Not Hispanic or Latinx ☐ Prefer not to answer

Race *(check one)* ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ American Indian or Alaska Native ☐ Two or more races ☐ Prefer not to answer

Gender identity *(check one)* ☐ Man ☐ Woman ☐ Non-binary ☐ Self-described _____
☐ Prefer not to answer

Employment history with PC(USA)

Only complete if you have fewer than 15 years in the Defined Benefit Pension Plan.

Employer	Years served
Employer	Years served
Employer	Years served
Employer	Years served
Employer	Years served
Employer	Years served

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY:711).

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Financial information		
Monthly income Enter the monthly amount even if you receive income on a quarterly, semi-annual, or annual basis *(e.g., interest, dividends, annuities, etc.)*	**Applicant**	**Spouse**
Pension *[from the Defined Benefit Pension Plan of the PC(USA)]*	$	$
Social Security		
Other pensions/annuities		
Interest from all savings		
Dividends and earnings on all investments		
Other income *(e.g., royalties, rental property income, etc.)*		
Salary *(If currently employed)*		
Housing allowance *(If currently employed)*		
Utility allowance *(If currently employed)*		
Tax-deferred compensation *(If currently employed)*		
Total monthly income	**$**	**$**

Assets	**Applicant**	**Spouse**
Cash/checking account	$	$
Money market/CDs		
Savings account/passbook		
Stocks/bonds/mutual funds/IRAs		
Retirement savings plan *[e.g., 401(k), 403(b)]*		
Value of primary residence		
Value of other real estate		
Other assets *(e.g., jewelry, art, collectibles, etc.)*		
Total assets	**$**	**$**

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Housing expenses

Monthly expenses	Amount
Monthly cost: ☐ Mortgage ☐ Rent *(check one)*	$
Utilities *(gas, electric, water - NOT telephone)*	$
Property taxes	$
Insurance *(on property)*	$
Service fees for property maintenance *(e.g., association fees, lawn services, snow shoveling)*	$
At-home care applicants only — cost of provider care *(At-home care applicants must submit signed medical attestation available on pensions.org)*	$

Retirement community

Complete the following section if you currently reside in a retirement community or are planning to enter a community within the next three months.

Name of retirement community

Select level of housing required: ☐ You: ☐ Independent ☐ Assisted
☐ Spouse (if applicable): ☐ Independent ☐ Assisted

Entrance fee(s)	Monthly cost You: Spouse (if applicable):	Number of daily meals included in monthly cost
Date entered/desiring to enter community *(mm/dd/yyyy)*		Date payments need to begin *(mm/dd/yyyy)*

Is this a Presbyterian-affiliated retirement home or community? ☐ Yes ☐ No

Required documentation

Please submit the following information with your application.

A copy of your most recent

- bank statement, showing deposits from all income streams
- IRS 1040 for applicant and spouse, if applicable *(If you do not file a return because your income is below the IRS minimum, you may attach a wage statement.)*
- investment statement *(for stocks, bonds, mutual funds, IRAs, retirement funds)*

For at-home care applicants only:

- most recent bill(s) for services rendered over the course of 30 days
- medical attestation

Authorization

If signing as Power of Attorney, please include supporting documentation with this application. If you have previously submitted your Power of Attorney documentation to the Board, you do not need to resubmit.

On behalf of myself, my legal representative, and my executor or administrator, I agree to abide by the terms and guidelines of the Program, and I certify that the information contained in this application is true and correct.

Member or Power of Attorney signature Date *(mm/dd/yyyy)*

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