



**Please print, complete, and mail, fax, or email this form to the Board of Pensions.**

All parts of this application must be completed before the form is sent to the Board of Pensions. Applicant should complete Section A only. The grant partner (presbytery, synod, employer) should complete pages 3 and 4. Grants are shared between the grant partner and the Board of Pensions on a 50/50 basis, unless other arrangements have been negotiated.

## Applicant *(active or retired employee, or surviving spouse)*

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Relationship to the Presbyterian Church (U.S.A.)

- Currently employed     Temporarily unemployed     Receiving disability benefits  
 Retired     Surviving spouse of church worker. Name of late spouse \_\_\_\_\_

Other *(please explain)* \_\_\_\_\_

I am a     Minister of the Word and Sacrament     CLP     Lay worker

If employed, please provide the following:

Name of employer \_\_\_\_\_

City and state of employer \_\_\_\_\_

Ministers **only**: Of what presbytery are you currently a member? \_\_\_\_\_

Please explain why you are seeking financial assistance *(continue on an additional sheet if more space is needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much financial assistance are you seeking? \$ \_\_\_\_\_

Do you expect this to be a continuing need?     Yes     No

If yes, how long do you estimate the need will continue? \_\_\_\_\_

**Please attach documentation corresponding to the amount of assistance requested.** Examples of documentation include, but are not limited to: Explanations of Benefits (EOBs) for medical expenses; invoices, receipts, or estimates for repairs, items to be purchased, or services to be obtained; or a list of expenses versus income for assistance with general living expenses.

**If you are requesting assistance to help pay for medical expenses, please read the statement below and signify agreement by checking the box following the statement and initialing.**

I hereby authorize the Benefits Plan of the Presbyterian Church (U.S.A.) and its vendors to release my Personal Health Information (PHI) to the Board of Pensions for the purpose of verifying medical expenses and claims payments related to this request for financial assistance.     Applicant's initials \_\_\_\_\_



**Income**

**Note:** Please show the monthly amount for each type of income, even if you receive that income on a quarterly, semi-annual, or annual basis (e.g., interest, dividends, annuities, etc.). Complete all lines; use zero (0) if no income is received from a listed source.

**Note:** If applicant is married, please include income of spouse.

|   | <b>Applicant</b> | <b>Spouse</b> |
|---|------------------|---------------|
| Salary from current employment  | \$               |               |
| Housing allowance from current employment                             |                  |               |
| Other regular, earned income ( <i>stipends, honoraria, etc.</i> )     |                  |               |
| Interest on savings   |                  |               |
| Earnings on stocks, bonds, mutual funds, etc. from the past 12 months |                  |               |
| Pension from the Presbyterian Church (U.S.A.)                         |                  |               |
| Other pensions or annuity payments                                    |                  |               |
| Social Security   |                  |               |
| Regular gifts/contributions from family, friends, foundations, etc.   |                  |               |
| Other income ( <i>rents, royalties, mineral rights, etc.</i> )        |                  |               |
| <b>Total Monthly Income</b>   | <b>\$</b>        |               |

**Assets**

**Note:** Please list current balance or value for each asset at the time this statement is completed. Complete all lines; use zero (0) if there are no assets from a listed source.

**Note:** If applicant is married, please include assets of spouse.

|   | <b>Applicant</b> | <b>Spouse</b> |
|---|------------------|---------------|
| Cash and checking account(s)  |                  |               |
| Savings account(s) )  |                  |               |
| Certificates of deposit ( <i>CDs</i> )  |                  |               |
| Stocks, bonds, mutual funds, etc. ( <i>most recent value</i> )                    |                  |               |
| Real estate ( <i>current market value, less balance due on mortgage, if any</i> ) |                  |               |
| Other assets  |                  |               |
| <b>Total Assets</b>   | <b>\$</b>        |               |

I certify that, to the best of my knowledge, the information contained in this application is complete and truthful.

Applicant's signature

Date (*mm/dd/yyyy*)



**Grant Partner** (*presbytery, synod, church, or employer*)

The presbytery, synod, church, or employer sponsoring this grant should complete this section, not the applicant.

Name of grant partner (*print*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_

Contact person's name (*print*) \_\_\_\_\_

Contact person's title (*print*) \_\_\_\_\_

Phone (*if different from above*) ( \_\_\_\_\_ ) \_\_\_\_\_ Email (*print*) \_\_\_\_\_

Will any other organization be contributing to (co-sponsoring) this grant?  Yes  No

If yes, please provide the following for that organization:

Name of co-sponsoring organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_

Contact person's name (*print*) \_\_\_\_\_

Contact person's title (*print*) \_\_\_\_\_

Phone (*if different from above*) ( \_\_\_\_\_ ) \_\_\_\_\_ Email (*print*) \_\_\_\_\_

Has someone from the grant partner or co-sponsor (if any) discussed the need for financial assistance with the applicant?  
 Yes  No

If no, please explain why not: \_\_\_\_\_

1. After your review of the application and its documentation, what is the **total** amount of assistance you are recommending for this applicant? \$ \_\_\_\_\_ (A)

*The amount you recommend does not have to match the amount requested by the applicant.*

2. What amount is the grant partner contributing to this grant? \$ \_\_\_\_\_ (B)

*If the amount on line (B) is zero, please explain at end of application.*

3. What amount is the co-sponsor (if any) contributing to this grant? \$ \_\_\_\_\_ (C)

*If there is a co-sponsor and the amount on line (C) is zero, please explain at end of application.*

4. What amount are you asking the Board of Pensions to contribute to this grant? \$ \_\_\_\_\_ (D)

*The total of (B), (C), and (D) should equal the amount shown at (A).*

5. The grant partner and co-sponsor (if any) will send their portion(s) of the grant to the  applicant  Board of Pensions\*

\* **NOTE:** This option is **not** available if the grant partner or the co-sponsor (if any) paid compensation to the applicant in the same calendar year as this grant will be paid.

6. The grant should be paid in  one lump sum  \_\_\_\_\_ (#) equal monthly installments beginning (*mm/dd/yyyy*) \_\_\_\_\_

7. The Board's check(s) should be made payable to the  Applicant  Grant partner  Co-sponsor (*if any*)

8. The Board's check(s) should be sent to the  Applicant  Grant partner  Co-sponsor (*if any*)



The grant partner and co-sponsor (if any) agree(s) to pay its/their portion(s) of this grant according to the information submitted on this application.

Grant partner's signature

Signatory's name (print)

Date (mm/dd/yyyy)

Co-sponsor's signature

Co-sponsor signatory's name (print)

Date (mm/dd/yyyy)

If the grant partner or co-sponsor (if any) is not able to contribute financially to this grant, please explain here why you cannot make any funds available to participate in a grant you are recommending for your minister or employee.

Multiple horizontal lines for providing an explanation.

**For Official Use Only**

Grant #

Partner's amt

Type

BOP amt

# Payments

Total amt

Approved by

Date (mm/dd/yyyy)