

Print, complete, and mail, fax, or email this form to the Board of Pensions.

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 Divorced Widowed

Name of spouse Spouse date of birth

Date of marriage

Have you previously submitted an Income/Housing Supplement Application?

- Yes (complete only the sections below that require an update)
 No (complete all applicable sections of this form)

Service history

List your Presbyterian Church (U.S.A.) service history prior to the initiation of your retirement pension below.

Full time	Part time	Church, agency, or employer	City/State	From	To	Did this service include participation in the Pension Plan?
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>



Financial information

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

Monthly income	Applicant	Spouse
Pensions (from the Board of Pensions)		
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		
Value of primary residence		
Value of other real estate		
Other assets (e.g., jewelry, art, collectibles, etc.)		
Total assets		

Please send the Board a copy of your most recent

- bank statement;
- tax return; and
- investment statement (for stocks, bonds, mutual funds, IRAs) with this completed application (ARH-002).



Housing expenses

Expenses	Applicant
<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent <i>(check one)</i>	
Utilities <i>(gas, electric, water - NOT telephone)</i>	
Property taxes	
Insurance <i>(on property)</i>	
Service fees for property maintenance <i>(e.g., association fees, lawn services, snow shoveling)</i>	

Retirement community

Note: 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 the type of living arrangement you require: Independent Assisted

Entrance fee _____

Monthly cost _____

Number of daily meals included in monthly cost _____

Date entered/desiring to enter community _____

Date payments need to begin _____

Authorization

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 (POA) signature _____

Date *(mm/dd/yyyy)* _____

(If POA, please include the POA supporting documents unless previously submitted.)