

Emergency Grant Application



Due to current circumstances, DO NOT mail this form to the Board of Pensions.

To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).

All parts of this application must be completed before the form is sent to the Board of Pensions. The applicant should complete pages 1 and 2. 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.

	Applicant	Spouse
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>		
Total Monthly Income	\$	

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.

	Applicant	Spouse
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		
Total Assets	\$	

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.

For Official Use Only

Grant #	Partner's amt
Type	BOP amt
# Payments	Total amt
Approved by	Date (mm/dd/yyyy)