

## Pre-screening Ministerial Assistance Application for Retirees

Dear Colleague,

The United Church Board for Ministerial Assistance (UCBMA), the charitable arm of the Pension Boards, cares about the financial well-being of those who have served in the United Church of Christ. Consequently, we are reaching out to retirees to determine if they may be eligible for financial assistance.

Please review the attached brochure with information about our Ministerial Assistance grants for retirees. If you are interested in being pre-screened for assistance, please complete this form and return it to us. If you are eligible to apply, an application packet will be sent to you.

Thank you for your service to the Church. Your Church is looking forward to serving you.

UCC RELATIONSHIP		
<ul><li>UCC Authorized Minister</li><li>UCC Lay Employee</li></ul>	□ Spouse/Partner of a UCC Authorized Minister or Lay Employee	

PERSONAL INFORMATION			
Name (last, first, middle initial)			PB Member ID Number (if applicable)
Are you in the UCC Non-Medicare Health Plan or UCC Medicare Advantage Plan w/Rx?	□ Yes	🗆 No	Date of Birth / /

	M	ARITAL STATUS		
Marital Stat	us			
□ Single	□ Married/Domestic Partnership	□ Divorced	□ Widow/er	

	UCC SERVICE		
Name of the Clergy or Lay Employee, if different from Applicant (last, first, middle initial)			
What UCC setting have you previously worked in? (Check all that apply)			
□ UCC Local Church □ UCC Association	ion or Conference $\Box$ UCC Nat	cional Setting 🛛 Other:	
Conference/Association that holds Ministeria	ial Authorization (if Clergy)	Total Years of Service	

Completing this pre-screening form or an application does not guarantee financial assistance, but will provide us with the information necessary to determine your eligibility and make an informed decision. Thank you for your service to the Church. Your Church is looking forward to serving you.

MA Screening Application 1/21

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LIVING ARRANGEMENT	Γ
□ Hosted by Family Member	

□ Home Owner □ Renter

□ Assisted Living / Retirement Home (independent or semi-independent living)

□ Nursing Home (dependent for care and/or medical needs)

ANTICIPATED ANNUAL HOUSEHOLD INCOME			
Total Annual Household Income (for all members of the household including their wages, Social Security, government assistance, investments, and gifts)	\$		
Total Amount of Assets (checking and savings account, investments, and retirement accounts but excluding any property)	\$		
Total	\$		

ANTICIPATED ANNUAL HOUSEHOLD EXPENSES		
Total Anticipated Annual Household Expense	\$	
Total Accumulated Debt	\$	

APPLICANT CONTACT INFORMATION		
Address Line 1	Address Line 2	
City/State/ZIP	Country	
Home Telephone Number	Mobile Phone Number	
( )	( )	
E-mail address		

REPRESENTATIVE/POWER OF ATTORNEY		
List someone we may contact if we are unable to reach you regarding this form.		
Representative Name	Contact Number	
Relation with the Applicant	Power of Attorney $\Box$ Yes $\Box$ No	

APPLICANT'S SIGNATURE		
Applicant's Signature	Date	