Email completed application or any questions to:
Email: MinisterialAssistance@pbucc.org
Mail or Fax completed forms to:
475 Riverside Drive,
Room 1020 New York, NY 10115
Fax: 212.729.2701

The Pension Boards
United Church of Christ, Inc.

Supplementation Application for Retirees (Ministerial Assistance)

The United Church Board for Ministerial Assistance (UCBMA), the philanthropic arm of the Pension Boards, cares about the financial well-being of those who have served the United Church of Christ. Because we know the challenges and often sacrifices that are made while serving in ministry, there are a variety of grants available to retired Pension Boards' members and non-members for living expenses and health insurance premiums. Completing this form allows us to determine eligibility, so please take your time to carefully respond to each question. **All questions must be answered for us to consider your application.**

Once you have completed the application, please return it with your latest IRS Form 1040 (Income Tax Return) so we can verify your income. If you do not file taxes yearly, you can disregard this step.

If you are a NEW APPLICANT, the processing time is between 4-7 weeks, and we will follow up once a decision has been made.

If you are CURRENTLY RECEIVING A GRANT and are submitting this form as part of the annual reassessment process, we will contact you if there are any changes to your assistance.

I hereby certify that the following information is true and correct.	
Applicant's Signature	**Date**

PERSONAL INFORMATION	
Name of employee (last, first, middle initial)	PB Member ID Number (if applicable)
Address (number and street)	City/State/ZIP
Home Telephone Number ( )	Mobile Phone Number ( )
E-mail address	Date of Birth

UCC/PB STATUS	
□ UCC Authorized Minister	□ Spouse/Partner of a UCC Authorized Minister
□ UCC Lay Employee	□ Spouse/Partner of a UCC Lay Employee

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SPOUSE/PARTNER/POA INFORMATION	
Marital Status □ Single □ Married/Domestic Partnership □ My Spouse/Partner has died, and I remain single	□ My Spouse/Partner has died, and I have remarried □ My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership
If your legal name has changed because of divorce or marriage, please indicate your new name.	
Spouse/Partner Name (if applicable)	Spouse/Partner Date of Birth (if applicable)

HISTORY OF MINISTERIAL SERVICE	
Name of Clergy or Lay Employee (last, first, middle initial)	How many years did they serve in the UCC?
Have they served in Massachusetts? If yes, please list the name of the last congregation or setting that they served in the state of Massachusetts.	Do they have active UCC standing? (if applicable)
Category of Service □ Ordained Minister □ Commissioned Minister □ Licensed Minister □ Lay Employee	
Conference/Association that holds Ministerial Authorization	Date of Ministerial Authorization

Clergy and Lay employees are to complete the following employment information for yourself or your late spouse/partner. Attach an additional sheet if necessary.

Church Name or UCC Organization	City / State	From	To

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DESCRIPTION OF CIRCUMSTANCES

Use this space to describe any special circumstances that necessitate financial support.

FAMILY INFORMATION

Do you receive financial support from any family or friends? ☐ Yes ☐ No

If yes, please identify the person(s) and nature of the financial support.

Do you have financial responsibility for anyone other than your spouse/partner? ☐ Yes ☐ No

If yes, please identify the person(s) and nature of the obligation.

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List someone we may contact if we are unable to reach you regarding this application.	
Name (last, first, middle initial)	E-mail address
Home Telephone Number ( )	Mobile Phone Number ( )
Does this person have your legal Power of Attorney? □ Yes □ No	Relationship

ACCOUNT INFORMATION		
Are you in the UCC Health Non-Medicare Benefits Plan or UCC Medicare Supplement Plan?	Yes	No
Are you in the UCC Dental Benefits Plan?	Yes	No

Are you?

□ Fully retired/on disability □ Employed part-time

□ Employed full-time □ Employed occasionally

Are you on Medicaid? □ Yes □No

CURRENT ASSETS	
If you currently own, or are in the process of purchasing, a home or other dwelling, what is its estimated value together with that of the land on which it is located?	$

Please check the option that best indicates your living arrangements:

□ Homeowner □ Hosted by Family Member □ Nursing Home (dependent for care and/or medical needs)

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

How much money is in your checking account today?	$
How much money is in your savings account today?	$
How much money is in your Retirement Savings Account today?	$
What is the approximate value of stocks, bonds, CDs, mutual funds, cash?	$
If you own a car(s), please indicate.	Make Model Year

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Do you or your spouse/partner expect to receive an annuity, pension (other than UCC) or grant at a later date?

□ Yes ☐ No

If you answered "Yes" to the previous question, please provide the following information.

Source of Annuity/Pension/Grant	Start Date	Amount

Other financial assets not listed above

If a grant were to be provided, do you wish to have it electronically transferred to your bank account? ☐ Yes ☐ No
If you are already set up for direct deposit, we will use that account unless otherwise notified.

FINANCIAL DEBT		
Amount Owed	Payable to	Reason Debt Incurred

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ANTICIPATED ANNUAL HOUSEHOLD INCOME		
	Member	**Spouse/Partner**
Wage or Salary (before deductions)	$	$
Annuity from PBUCC	$	$
Other pensions, annuities, IRAs, etc.	$	$
Social Security (before deductions)	$	$
Rental Income	$	$
Stock Dividends	$	$
Savings on bond interest	$	$
Income from person living with you	$	$
Public assistance, including food stamps	$	$
Aid from family or friends	$	$
Other income (Reverse mortgage or other, please describe)	$	$
Income Subtotal	**$**	**$**

GRANT INCOME		
	Member	**Spouse/Partner**
Pension Supplementation from PBUCC	$	$
Health Supplementation from PBUCC	$	$
Ministerial Assistance Grant from PBUCC	$	$
Christmas Thank You Check from PBUCC	$	$
Grant(s) from other source(s)	$	$
Annual Grant Subtotal	**$**	**$**

TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME **$**

ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	
Rent	$
Mortgage	$
Nursing Home/Skilled Nursing	$
Retirement Home	$
Groceries (including food, toiletries, laundry supplies)	$
Clothing (including dry cleaning)	$
Utilities (gas, water, heating, electricity, cable, internet)	$
Telephone/Cell Phone	$
Home repair or maintenance (including lawn care and snow removal)	$
Automobile (fuel, maintenance)	$
Automobile repair	$
Automobile insurance	$
Life Insurance	$
Health Insurance	$
Dental Insurance	$
Home/Property Insurance	$
Real estate tax	$
Local/County/State Taxes	$
Contributions to churches and other non-profits	$
Personal care	$
Out-of-pocket medical/dental expenses (not covered by insurance)	$
Homemaker Service	$
Transportation (other than automobile expenses)	$
Other expenses, please describe	$

TOTAL ANTICIPATED ANNUAL HOUSEHOLD EXPENSES **$**

Completing this 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.