

# MASSACHUSETTS CONGREGATIONAL CHARITABLE SOCIETY

## Request for Financial Information

This standard form is required of all Applicants. Please answer all inquiries that pertain to you as the Applicant and, if pertinent, to the "Householder(s)." You may add additional explanatory information on a separate page. All information is treated as confidential by the Society. If you need assistance in filling out the Financial Form, please contact Rev. Mark W. Harris, (207) 347-9741 or themanse@rocketmail.com.

*Please return completed form to:*

Rev. Mark W. Harris  
Secretary, M CCS  
11 Waters Edge Lane  
Owls Head, ME 04854

*Form can be emailed to:*  
themanse@rocketmail.com

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Married  Widowed  Divorced  Single  Child  Denomination: UCC  UU

Names of Churches [and Years] Served by Applicant, Partner, or Other Householder:

Applicant's Local Church Affiliation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and age of Other Householder(s): \_\_\_\_\_

Projected Annual Income	Applicant	Other Householder(s)
Earned Income.....	_____	_____
Social Security Benefits .....	_____	_____
Investment Income .....	_____	_____
Pension Income.....	_____	_____
Gifts and Grants - specify .....	_____	_____
Other sources - specify.....	_____	_____
<b>TOTAL ANNUAL INCOME: Applicant &amp; Other Householder(s)</b> _____		

Projected Annual Expenses for Household	Annual Amounts
Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/>	
Own Home outright <input type="checkbox"/> .....	_____
Heat .....	_____
Electricity .....	_____
Telephone.....	_____
Cable TV .....	_____

**Projected Annual Expenses for Household, cont.**

**Annual Amounts**

Internet..... \_\_\_\_\_

*Current* property, income & other taxes ..... \_\_\_\_\_

Food and Household ..... \_\_\_\_\_

Home Insurance Premiums ..... \_\_\_\_\_

Clothing and personal items ..... \_\_\_\_\_

Entertainment & Vacation ..... \_\_\_\_\_

Transportation ..... \_\_\_\_\_

Car Insurance Premiums..... \_\_\_\_\_

Medical and Hospital ..... \_\_\_\_\_

Health Insurance Premiums..... \_\_\_\_\_

Long Term Care Premiums ..... \_\_\_\_\_

Prescriptions (Not covered by Insurance.) ..... \_\_\_\_\_

Charitable Contributions ..... \_\_\_\_\_

Gifts (To Family & Friends)..... \_\_\_\_\_

Other Expenses (Attach explanation) ..... \_\_\_\_\_

Debt Payments – specify circumstances..... \_\_\_\_\_

**TOTAL ANNUAL EXPENSES** ..... \_\_\_\_\_

**SURPLUS OR (DEFICIT) as related to TOTAL ANNUAL INCOME** \_\_\_\_\_

**Combined Assets of Household**

**Amount**

Cash..... \_\_\_\_\_

Stocks/Bonds/Investments..... \_\_\_\_\_

Pension – Name & Current Total Value ..... \_\_\_\_\_

IRA – Current Total Value..... \_\_\_\_\_

Real Estate ..... \_\_\_\_\_

Automobile – specify make & year ..... \_\_\_\_\_

Other assets – specify ..... \_\_\_\_\_

**TOTAL ASSETS** ..... \_\_\_\_\_

**Combined Liabilities** *(these amounts are separate from the expenses)*

**Amount**

Outstanding Mortgage..... \_\_\_\_\_

Outstanding Taxes Due..... \_\_\_\_\_

Outstanding Medical Bills ..... \_\_\_\_\_

Loans, Credit Card Debt, & Other Debts – specify ..... \_\_\_\_\_

**TOTAL LIABILITIES** ..... \_\_\_\_\_

**NET WORTH: (Assets Minus Liabilities)** ..... \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_