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. Other or additional sources of support are often available through your denomination. If UUA, please contact the Director of Church Staff Finances, UUA and/or the Secretary of the Society for Ministerial Relief, UUA. If UCC, please contact the Director of Grants and Scholarships, Pension Boards, UCC.

Please return completed form to:
Rev. Mark W. Harris
Secretary, MCCS
27 Jackson St. Apt 323
Lowell, MA 01852

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		

TOTAL ANNUAL INCOME: Applicant & Other Householder(s) _____

Projected Annual Expenses for Household	Annual Amounts
Mortgage ☐ Rent ☐ Assisted Living ☐ Nursing Home ☐	
Own Home outright ☐	
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: _____