

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
200 Market St., unit 3202
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***page 2*

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:**