

**RETIREED CLERGY and WIDOW/WIDOWER MONTHLY GRANT APPLICATION -
CONFIDENTIAL**

To apply for this grant the following criteria must be met:

1. Applicant income must be less than \$45,000 a year (not including value of home and car, and assets of

less than \$100,000).

2. Applicant's spouse must have had standing with TABCOM as an ordained clergy, have been in good

standing with TABCOM, and have served in recognized ministry in Massachusetts for a minimum of 7

years.

PERSONAL INFORMATION

Name: _____ **Date of birth:** _____

Address:

Telephone: _____ **E-mail:** _____

Name of spouse: _____ **Date of spouse's death:** _____

When ordained: _____ **Where ordained:**

Spouses Ministerial service in Massachusetts (dates and places of each field of service):

Date of applicant's retirement:

Contact in an emergency:

Name: _____

Relationship: _____ **Telephone:** _____ **E-Mail:** _____

Address:

Do you live alone: Y _____ N _____ **If not, with whom do you live?**

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MONTHLY EXPENSES:

Do you rent? Y _____ N _____ **Own home?** Y _____ N _____ **Monthly rent/mortgage payment:** _____

Utilities: Electric: _____ **Water:** _____ **Gas:** _____ **Other:** _____

Food: _____ **Car Payments** _____ **Car Insurance** _____
Cable _____

Clothing: _____ **Health Insurance:** _____ **Other Expenses:** _____

Do you receive Medicare: Part A: Y _____ N _____, **Part B:** Y _____ N _____, **Part D:** Y _____ N _____

Do you have SSI: Y _____ N _____ **Supplemental Insurance?** Y _____ N _____ **Name of Insurer:** _____

Specify current illnesses or disabilities, if any:

(Attach a separate sheet if necessary).

MONTHLY INCOME:

Family: \$ _____ **MMBB:** \$ _____ **Social Security:** \$ _____

SSI and/or Medicaid: \$ _____ **Conference of Baptist Ministers:** \$ _____

Rental income: \$ _____ **Employment income:** \$ _____

If employed, where employed: _____

Interest income: Other Annuities: \$ _____ **Savings Accounts:** \$ _____

Stock and Bond accounts: \$ _____ **Trust Accounts:** \$ _____

Other Interest income \$ _____ **Other Income:** \$ _____

Monthly/Yearly interest income: \$ _____ **Other Income:** \$ _____

Total monthly income: \$ _____

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(Attach a separate sheet if necessary).

ASSETS

Value of home: \$ _____ **Value of rental property:** \$ _____

Savings accounts: \$ _____ **Investments:** \$ _____

Trust Accounts: Y ___ N ___ \$ _____ Insurance Policies: Y ___ N ___
\$ _____

Other Assets: \$ _____

Do you own/lease a car: Y ___ N ___ Make: _____
Year: _____

Is there any other information the Society needs to know in considering your application? Y ___ N ___

If Yes, please specify

Verifications:

The following verifications are needed to process your application:

- **Verification of gross income/money received from all sources. (Copy of your yearly statement of income from MMBB, SS, other retirement sources, employment, copy of Income Tax statements, etc.).**
- **Verification of all resources values for the month of application and three (3) previous months. Resources are cash, bank accounts, CD's, money market accounts, retirement accounts, stocks, bonds, burial resources, property-both real estate and/or personal property such as vehicles, boats, etc. All pages of the account statements must be provided.**
- **Current verification of the Face, Cash and/or Dividend value of all life insurance policies. Current verification must be obtained from the insurance company.**
- **Deeds of Trust/Trust funds-entire document establishing trust and listing of assets held in the trust and verification of disbursements to/from the trust accounts (s).**
- **Annuities-copy of the entire annuity contract showing terms, purchased date, annuity amount, monthly payments and the beneficiary.**
- **Verification of all transfer of assets within the past 60 months.**

1.

2.

3.

Please include a copy of your most recent Federal Income Tax Returns with this application. Thank you!

To the best of my ability, the above stated information is correct.

Date: _____ Signature of Applicant:

If you have any questions about the application and/or the application process please contact:

Mr. Douglas Tatreau @ 781-664-4266

PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) REFERENCES.