



**The Pension Boards**  
 United Church of Christ, Inc.  
**Pre-screening Supplementation**  
**Application for Low-Income**  
**Households (Ministerial Assistance)**

Email completed application or any questions to:  
**Email:** MinisterialAssistance@pbucc.org  
**Phone:** 800.642.6543, Ext. 2714  
**Website:** www.pbucc.org  
**Fax:** 212.729.2701

The United Church Board for Ministerial Assistance (UCBMA), the charitable arm of the Pension Boards, cares about the financial well-being of those who have served in the United Church of Christ. Consequently, we are reaching out to retirees to determine if they may be eligible for long term financial assistance.

Please complete this form and return it to us. **All questions must be answered for us to process your application.**

If you are eligible to apply, an application packet will be sent to you.

**Please note, processing time for this application is between 2-4 weeks** and we will follow up with you on our decision.

Thank you for your service to the Church. Your Church is looking forward to serving you.

UCC RELATIONSHIP	
<input type="checkbox"/> UCC Authorized Minister <input type="checkbox"/> UCC Lay Employee	<input type="checkbox"/> Spouse/Partner of a UCC Authorized Minister or Lay Employee

PERSONAL INFORMATION	
Name (last, first, middle initial)	PB Member ID Number (if applicable)
Are you in the UCC Non-Medicare Health Plan or UCC Medicare Advantage Plan w/Rx? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth <div style="text-align: center;">/   /</div>

MARITAL STATUS
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er

UCC SERVICE	
Name of the Clergy or Lay Employee, if different from Applicant (last, first, middle initial)	
What UCC setting have you previously worked in? (Check all that apply) <input type="checkbox"/> UCC Local Church <input type="checkbox"/> UCC Association or Conference <input type="checkbox"/> UCC National Setting <input type="checkbox"/> Other: _____	
Conference/Association that holds Ministerial Authorization (if Clergy)	Total Years of Service

<b>LIVING ARRANGEMENT</b>	
<input type="checkbox"/> Home Owner	<input type="checkbox"/> Renter
<input type="checkbox"/> Hosted by Family Member	
<input type="checkbox"/> Assisted Living / Retirement Home (independent or semi-independent living)	
<input type="checkbox"/> Nursing Home (dependent for care and/or medical needs)	

<b>ANTICIPATED ANNUAL HOUSEHOLD INCOME</b>	
Total Annual Household Income (for all members of the household including their wages, Social Security, government assistance, investments, and gifts)	\$
Total Amount of Assets (checking and savings account, investments, and retirement accounts but excluding any property)	\$
Total	\$

<b>ANTICIPATED ANNUAL HOUSEHOLD EXPENSES</b>	
Total Anticipated Annual Household Expense	\$
Total Accumulated Debt	\$

<b>APPLICANT CONTACT INFORMATION</b>	
Address Line 1	Address Line 2
City/State/ZIP	Country
Home Telephone Number (     )	Mobile Phone Number (     )
E-mail address	

<b>REPRESENTATIVE/POWER OF ATTORNEY</b>	
List someone we may contact if we are unable to reach you regarding this form.	
Representative Name	Contact Number
Relation with the Applicant	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>APPLICANT'S SIGNATURE</b>	
Applicant's Signature	Date  /    /

Completing this pre-screening form or an 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.