

**BOARD OF PENSION AND HEALTH BENEFITS
Eastern Pennsylvania Conference**

NECESSITIOUS GRANT APPLICATION

Name of Applicant _____ Date _____

Address _____ City & State _____ Zip _____

Date of Birth _____ Tel. No. _____ Amount Requested \$ _____

For What Purpose? _____

Reason for Applying: _____

Is there a long-term plan for solution? _____

Children and ages: _____

Dependents: _____

INCOME INFORMATION

	<u>Col. A</u> Applicant's <u>Monthly Income</u>	<u>Col. B</u> Other Household <u>Monthly Income</u>
Salary: Employer _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Pensions or Annuities _____	\$ _____	\$ _____
IRA Withdrawals _____	\$ _____	\$ _____
Social Security or Public Assistance _____	\$ _____	\$ _____
Other Monetary Assistance (Family, Friends, Church):	\$ _____	\$ _____
Monthly Column Totals	\$ _____	\$ _____
+++++		
Column A Total plus Column B Total = \$ _____ X 12 = Yearly Total:		\$ _____
Total Income from Assets on Page 2		\$ _____
<u>GRAND TOTAL INCOME</u>	Total of the <u>above two</u> income lines . .	\$ _____
<u>GRAND TOTAL EXPENSES</u>	Total Expenses from Page 3	\$ _____

(IF MORE SPACE IS NEEDED FOR ANY ITEM, PLEASE USE SPACE ON PAGE 4)

ASSET INFORMATION

Yearly Income

Home Ownership (est. value land & building) _____

Other Property Owned _____

Rental Income? _____ \$ _____

Interest on checking, savings, money market accounts:	<u>Current Balance</u>	
_____	_____	\$ _____
_____	_____	\$ _____

Dividends & Capital Gains on Stocks, Bonds, Notes, etc.:	<u>Current Value</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Income from Other Sources:
 _____ \$ _____

Total Income from Assets (Enter Total on page 1 also) \$ _____

Are you receiving a current Necessitous Grant ? Amount: \$ _____

Additional Comments:

+++++

EXPENSE INFORMATION

Housing:	<u>Monthly</u>	<u>Yearly Amount</u>
Mortgage Payment _____	\$ _____	\$ _____
Rent _____	\$ _____	\$ _____
Insurance (type) _____	\$ _____	\$ _____
Taxes _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Sub-Total Expenses forward to Page 3 \$ _____

EXPENSE INFORMATION (CONT.)

Sub-Total Expenses brought from Page 2 \$ _____

Utilities, etc.:	<u>Monthly</u>	<u>Yearly Amount</u>
Heat _____	\$ _____	\$ _____
Electricity _____	\$ _____	\$ _____
Water _____	\$ _____	\$ _____
Telephone _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Clothing: _____ \$ _____

Food: _____ \$ _____

Auto: (car payments, gas, insurance, upkeep, etc.)
 _____ \$ _____

Travel Costs Other than by Your Auto: _____ \$ _____

Personal Insurance:

Health (Carrier) _____ \$ _____

Medicare Part A \$ _____ Medicare Part B _____ \$ _____

Supplemental Health Insurance _____ \$ _____

Uncovered Medical Expenses (viz. prescription drugs):

_____ \$ _____

Recreation (vacation, hobbies, etc.):

_____ \$ _____

Other Expense (credit cards, loans, etc.) Debt Balance

_____ \$ _____ \$ _____ \$ _____

_____ \$ _____ \$ _____ \$ _____

Grand Total Expenses (enter this Total on page 1 also) \$ _____

Signature of Applicant _____ Date _____

Signature of Person Completing Form, if different _____ Date _____