-Application - Retired Clergy Grants

Please complete the form below to apply for a Retired Clergy Grant.
All information will remain confidential and subject to Bishops' review.
Required information is noted with a red asterisk.

ECCT appreciates your service to God's Mission and hopes that your retirement is fulfulling. If you, a retired clergy member or surviving spouse, encounter a need for which a financial grant of up to $10,000 would make a difference, we invite you to complete this grant request. *(Grant request cannot be for more than $10,000 and it is a one-time award.)*

These grants are meant to assist you when no other option is available to you and the need is both immediate and crucial. It will be a grant and not a loan. It is intended to get you over a particularly challenging financial problem.

This form may be completed by you, or by the Retired Clergy Chaplain in your region on your behalf or at your request.

Full Name *

Prefix First Name Middle Name Last Name Suffix

Current Address *

Street Address

City and State

Email Address *

Phone Number *

Area Code and Phone Number

1. Type of Grant *

Housing / Utility Medical / Insurance Ministry

Needs (Continuing Education, etc.) Caregiving Other

2. What is the specific need being addressed? *

3. How much money are you requesting? *

Minimum grant = $250 (Contact Retired Clergy Chaplain for a request under $250.)

Grant request must be less than $10,000.

4. Do you have resources that can be applied to this need?* Please list

5. Are you aware of other resources that might assist you? * Please list

6. Please indicate any other aid for which you have applied? * (and their timeframe for granting)

7. Is this an ongoing need or an emergency need? * Please provide some detail

8. If an ongoing need, what is your plan to address this long-term?

9. Is there anything else we should know? *

Statement of Applicant's Financial Condition

Current Assets/Liquid Holdings:

Please indicate below the value of your current financial assets. If any holdings require additional explanation, please describe in the area provided.

Cash and Bank Deposits *

Checking, Savings, Certificates of Deposit

Market Value of Securities *

Stocks, bonds, mutual funds. If you have none, enter 0

Other Assets: Please list total amount of assets and describe here. If none, state "none"

Annual Income

Your Estimated Monthly Income:

Monthly income amounts should be before taxes

Social Security Income *

Monthly Social Security income

Pension(s) *

List total monthly income from all pensions

Investment Income*

List total monthly income from all investments. If none, enter 0

Other Monthly Income *

Please list amount of other monthly income and describe. If no other monthly income, enter 0.

TOTAL OF ALL MONTHLY INCOME -- Please enter total of all monthly income here

Expenses

Your Recurring Monthly Expenses (Annual amounts should be divided by 12 – Please list amounts only. Payee information generally not needed

Monthly Rent or Mortgage Payment*

Monthly Utilities and/or Taxes

List combined total of utilities and taxes

Include property and car taxes. Sales taxes included with related payments

Payments on Credit Cards and/or Auto Loans

List combined total. Only include credit cards when past balances are being paid off. If no payments or auto loans, enter 0

Average Monthly Expenses for Food, Medical, etc.

List combined monthly total for these expenses whether paid by cash or credit card.

Any Other Monthly Expenses

List any expenses not indicated above. Include amounts for various expenditures. List monthly state and federal income taxes separately. If none, enter 0

TOTAL OF ALL MONTHLY EXPENSES

Please enter total of all monthly expenses

NET MONTHLY INCOME

Total Income Minus Total Expenses

Are all monthly payments current

Yes No

If no, please describe here

If submitted by a Retired Clergy Chaplain on behalf of the applicant, please include the following information.

Submitted by:

Name of Person Completing Application

Address of person submitting the application:

Street Address

Street Address Line 2

City State

Postal / Zip Code

Email address of person submitting the application:

Please submit this completed form to the Office of the Suffragan Bishop:

The Rt. Rev. Dr. Laura J. Ahrens

The Episcopal Church in Connecticut

290 Pratt Street, Box 52

Meriden, CT 06450

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