

# Unitarian Universalist Society for Ministerial Relief, Inc.

**Financial Information Form - Please return completed form to:**

**The Rev. Dr. Susan Suchocki Brown  
42 Country Lane, Leominster, MA 01453  
email: revsusanu1@verizon.net**

This is a standard form developed by the Society for use by grant recipients. Please answer all questions that pertain to you and attach a copy of your 1040 tax form, pages 1 & 2. You may add additional explanatory information on a separate page. All information is treated as confidential by the Society.

Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Date of Final Fellowship \_\_\_\_\_ & Ordination \_\_\_\_\_.

**Ministry:** Parish \_\_\_\_\_ RE \_\_\_\_\_ Community \_\_\_\_\_ Chaplaincy \_\_\_\_\_

Places of Employment & Years Served:

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Current Church Affiliation:

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Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Surviving Partner \_\_\_.

Name of Spouse/Partner: \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

<b>ANNUAL INCOME</b>	<b>SELF</b>	<b>Spouse/Part.</b>	<b>TOTAL</b>
Earned income	_____	_____	_____
Social Security Benefits	_____	_____	_____
Investment Income	_____	_____	_____
Pension Income	_____	_____	_____
Gifts and Grants Income	_____	_____	_____
Other Income - specify	_____	_____	_____
Financial contribution from Others sharing this household			_____
<b>INCOME TOTAL</b>			_____

<b>ANNUAL EXPENSES</b>	<b>AMOUNT</b>
Mortgage _____ Rent _____	_____
Assisted Living _____ Own Home out right _____	
Heat	_____
Electricity	_____
Telephone	_____
Cable TV	_____
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)	_____
Budgeted Debt Payments - specify	_____
<b>TOTAL ANNUAL EXPENSES</b>	_____
<b>ANNUAL SURPLUS OR (DEFICIT)</b>	_____

**ASSETS**

**AMOUNT**

Cash	_____
Stocks/Bonds/Investments	_____
Pension: Name & Current Total Value	_____
IRA – Current Total Value	_____
Real Estate – Assessed Taxable Value	_____

Automobile – specify model & year \_\_\_\_\_

Other - specify \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**LIABILITIES** [these amounts are separate from the above listed Annual Expenses]

Outstanding Mortgage \_\_\_\_\_

Outstanding Taxes Due \_\_\_\_\_

Outstanding Medical Bills \_\_\_\_\_

Outstanding Loans, Credit Card debt, etc \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH: (ASSETS MINUS LIABILITIES)** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_