

Unitarian Universalist Society for Ministerial Relief, Inc.

**Financial Information Form - Please return completed form to: The Rev.
Dr. Susan Suchocki Brown
11 Whipple Rd., Kittery, ME 03904
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:

Current Church Affiliation:

Married ___ Single ___ Divorced ___ Surviving Partner ____. Name of Spouse/Partner:

_____ Age _____

Emergency Contact Person:

_____ Ph: _____

Address _____

Email _____

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

ANNUAL EXPENSES

AMOUNT

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 _____

TOTAL ANNUAL EXPENSES _____

ANNUAL SURPLUS OR (DEFICIT) _____

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: _____