

MASSACHUSETTS BAPTIST CHARITABLE SOCIETY  
*Incorporated February 3, 1821 to aid the widows/widowers of  
Ordained clergy of the American Baptist Churches of Massachusetts*

Please complete and mail or fax to the Executive Director,  
The Rev. Dr. G. Jean Wright, P.O. Box 220157, Chantilly, VA 20153-0157  
Telephone: 978-448-0451 Fax: 703-273-3274 E-mail: revdrwright1@verizon.net

**MONTHLY GRANT APPLICATION FOR RETIRED CLERGY COUPLE- CONFIDENTIAL**

To apply for this grant the following criteria must be met:

1. Couple's total income must be less than \$35,000 a year (not including value of home and car, and assets of less than \$100,000).
2. Applicant must have had standing with TABCOM as an ordained clergy, have been in good standing with TABCOM, and have served in recognized ministry in Massachusetts for a minimum of 7 years.
3. Couple must be retired.

**PERSONAL INFORMATION:**

Name of clergy : \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

When ordained: \_\_\_\_\_ Where ordained: \_\_\_\_\_

Did you have recognized standing in MA for a minimum of 7 years? Y\_\_\_\_\_ N\_\_\_\_\_

List Ministerial service in Massachusetts (Dates and places of each field of service; please use another page if necessary):

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Date of retirement for each: Person 1: \_\_\_\_\_ Person 2: \_\_\_\_\_

From where did you retire: Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

Contact in an emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Form Date: 6/12/12

**MONTHLY EXPENSES:** (Attach a separate sheet if necessary).

Do you rent? Y \_\_\_ N \_\_\_ Own home? Y \_\_\_ N \_\_\_ Monthly rent/mortgage payment: \_\_\_\_\_

Utilities: Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Gas: \_\_\_\_\_ Other: \_\_\_\_\_

Food: \_\_\_\_\_ Car Payments \_\_\_\_\_ Car Insurance \_\_\_\_\_ Cable \_\_\_\_\_

Clothing: \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Other expenses: \_\_\_\_\_

Do you receive Medicare: Part A: Y \_\_\_ N \_\_\_, Part B: Y \_\_\_ N \_\_\_, Part D: Y \_\_\_ N \_\_\_

Do you have SSI: Y \_\_\_ N \_\_\_ Supplemental Insurance? Y \_\_\_ N \_\_\_ Name of insurer: \_\_\_\_\_

Specify current illnesses or disabilities, if any: \_\_\_\_\_

**MONTHLY INCOME FOR EACH PERSON** (Attach a separate sheet if necessary).

From family: \$ \_\_\_\_\_ From MMBB: \$ \_\_\_\_\_

From Social Security: \$ \_\_\_\_\_ Monthly/Yearly Interest Income: \$ \_\_\_\_\_

From SSI: \$ \_\_\_\_\_ From Conference of Baptist Ministers: \$ \_\_\_\_\_

Rental income: \$ \_\_\_\_\_ Employment income: \$ \_\_\_\_\_

If employed, where employed: \_\_\_\_\_

Interest income: \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Total monthly income \$ \_\_\_\_\_

**ASSETS (List Assets for each person):**

Value of home \$ \_\_\_\_\_ : Value of rental property \$ \_\_\_\_\_

Savings accounts: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Do you own/lease a car: Y \_\_\_\_ N \_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Is there any other information the Society needs to know in considering your application? Y \_\_\_\_ N \_\_\_\_

If Yes, please specify \_\_\_\_\_

\_\_\_\_\_

**PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) REFERENCES.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please include a copy of your most recent Federal Income Tax Returns with this application. Thank you!**

To the best of my ability, the above stated information is correct.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

If you have any questions about the application and/or the application process please contact:

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