

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

Phone: 978-448-0451 Fax: 703-273-3274 e-mail: revdrwright1@verizon.net

MONTHLY GRANT APPLICATION FOR RETIRED SINGLE CLERGY - CONFIDENTIAL

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

1. Applicant income must be less than \$32,500 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. Applicant must be retired.

PERSONAL INFORMATION

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ E-mail: _____

Widow: Y ___ N ___ Divorced: Y ___ N ___ Never married: Y ___ N ___

When ordained: _____ Where ordained: _____

Ministerial service in Massachusetts (dates and places of each field of service): _____

Date of retirement: _____

Contact in an emergency: Name: _____

Relationship: _____ Telephone: _____ E-Mail: _____

Address: _____

Do you live alone: Y ___ N ___ If not, with whom do you live? _____

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: (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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