

MASSACHUSETTS CONGREGATIONAL CHARITABLE SOCIETY

Request for Financial Information

This standard form is required of all Applicants. Please answer all inquiries that pertain to you as the Applicant and, if pertinent, to the "Householder(s)." You may add additional explanatory information on a separate page. All information is treated as confidential by the Society. If you need assistance in filling out the Financial Form, please contact Rev. Mark W. Harris, (207) 347-9741 or minister@fpwatertown.org.

Please return completed form to:

Rev. Mark W. Harris,
Secretary, MCCS
First Parish of Watertown, MA
35 Church Street,
Watertown, MA 02472

Form can be emailed to:
minister@fpwatertown.org

Name: _____ Date: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Married Widowed Divorced Single Child Denomination: UCC UU

Names of Churches [and Years] Served by Applicant, Partner, or Other Householder:

Applicant's Local Church Affiliation: _____

Emergency Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Name and age of Other Householder(s): _____

Projected Annual Income	Applicant	Other Householder(s)
Earned Income.....	_____	_____
Social Security Benefits	_____	_____
Investment Income	_____	_____
Pension Income.....	_____	_____
Gifts and Grants - specify	_____	_____
Other sources - specify.....	_____	_____
TOTAL ANNUAL INCOME: Applicant & Other Householder(s) _____		

Projected Annual Expenses for Household	Annual Amounts
Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/>	
Own Home outright <input type="checkbox"/>	_____
Heat	_____
Electricity	_____
Telephone.....	_____
Cable TV	_____

Projected Annual Expenses for Household, cont.

Annual Amounts

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) _____

Debt Payments – specify circumstances..... _____

TOTAL ANNUAL EXPENSES _____

SURPLUS OR (DEFICIT) as related to TOTAL ANNUAL INCOME _____

Combined Assets of Household

Amount

Cash..... _____

Stocks/Bonds/Investments..... _____

Pension – Name & Current Total Value _____

IRA – Current Total Value..... _____

Real Estate _____

Automobile – specify make & year _____

Other assets – specify _____

TOTAL ASSETS _____

Combined Liabilities *(these amounts are separate from the expenses)*

Amount

Outstanding Mortgage..... _____

Outstanding Taxes Due..... _____

Outstanding Medical Bills _____

Loans, Credit Card Debt, & Other Debts – specify _____

TOTAL LIABILITIES _____

NET WORTH: (Assets Minus Liabilities) _____

SIGNED: _____

DATE: _____