

REQUEST FOR EMERGENCY GRANT

UNY CONFERENCE BOARD OF PENSION & HEALTH BENEFITS

Retired pastors of the UNY Annual Conference or pastors on Medical Leave with an annual income from all sources less than the current minimum compensation for a full-time local pastor as established annually by the annual conference is eligible to receive a grant(s) not to exceed \$5,000 annually. Surviving Spouses with an annual income from all sources less than 75% of the minimum compensation for full time local pastors are also eligible. Those amounts are \$40,273 and \$30,205 respectively.

The purpose of an emergency grant is to assist with unusual or unexpected expenses that place a burden on the applicant.

The amount of individual grants is determined by the number of eligible requests and the funds available. Individual grants are not to exceed \$5,000 and no individual shall receive more than \$20,000 in lifetime grants.

NAME _____ PHONE _____

ADDRESS _____

REQUESTED GRANT AMOUNT: \$ _____

ANTICIPATED INCOME

| | MONTHLY | ANNUAL |
|---|----------------|---------------|
| SOCIAL SECURITY: Self and Spouse | | |
| UMC PENSION | | |
| OTHER PENSION (all sources including spouse) | | |
| ALL OTHER INCOME (investments, employment, etc.) | | |
| HEALTH REIMBURSEMENT ACCOUNT (HRA): | | |
| GRAND TOTAL OF ALL INCOME: | | |

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ANTICIPATED EXPENSES

| | MONTHLY | ANNUAL |
|---|-------------------------|-------------------------|
| HOUSING EXPENSES including rent, mortgage, utilities, Insurance | | |
| If listing Assisted Living or Nursing Home expenses, please indicate if applicant (or spouse) is receiving Medicaid Assistance and how much: | YES: _____ NO: _____ | YES: _____ NO: _____ |
| FOOD | | |
| TRANSPORTATION – AUTO | | |
| TRANSPORTATION – OTHER | | |
| CHARITABLE CONTRIBUTIONS | | |
| HEALTH INSURANCE PREMIUMS | | |
| OTHER HEALTH EXPENSES co-payments and out-of-pocket expenses** | | |
| OTHER NEEDS – Please explain: | | |
| | | |
| GRAND TOTAL OF ALL EXPENSES: | | |

In the space below, please provide an explanation of the unusual or unexpected expense(s) resulting in your request. Please provide any supporting documentation that may be helpful in our review.

Return this form – Marked: “CONFIDENTIAL” – including W9 to:

Julie Valeski
 UNY Conference
 7481 Henry Clay Blvd.
 Liverpool, NY 13088
 Email: JulieValeski@unyumc.org

