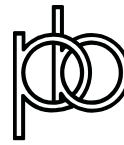


Email completed application or any questions to:

[MinisterialAssistance@pbucc.org](mailto:MinisterialAssistance@pbucc.org) call:

800.642.6543, Ext. 2862

website: [www.pbucc.org](http://www.pbucc.org)



**The Pension Boards**

United Church of Christ, Inc.

**Application for Emergency Assistance**

Applicant's Signature	Date
-----------------------	------

PERSONAL INFORMATION	
Name of Applicant (First, Middle, Last)	Member ID Number (if applicable)
Address (number and street)	City/State/ZIP
Home Telephone Number (     )	Mobile Phone Number (     )
E-mail address	Date of Birth

UCC/PB STATUS	
<input type="checkbox"/> UCC Authorized Minister	<input type="checkbox"/> Spouse/Partner of a UCC Authorized Minister
<input type="checkbox"/> UCC Lay Employee	<input type="checkbox"/> Spouse/Partner of a UCC Lay Employee

Marital Status	
<input type="checkbox"/> Single	<input type="checkbox"/> My Spouse/Partner has died, and I have remarried
<input type="checkbox"/> Married/Domestic Partnership	<input type="checkbox"/> My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership
<input type="checkbox"/> My Spouse/Partner has died, and I remain single	

What is the purpose of your request for assistance?			
Living Expenses	<input type="checkbox"/>	Medical Expenses	<input type="checkbox"/>
Insurance Premiums	<input type="checkbox"/>	Funeral Expenses	<input type="checkbox"/>

Is this request related to Covid-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------------------	------------------------------	-----------------------------

Amount Request:	\$
-----------------	----

Please mail or attach any available document(s) that may support your request. For example, in the case of requests to cover medical bills or payments to suppliers such as rent, energy bills, etc. You want to attach copies of the invoices pending payment.

DESCRIPTION OF CIRCUMSTANCES
Use this space to describe any special circumstances that necessitate financial support.

The understanding of the above situation and endorsement of the conference minister are required to be considered for an emergency grant.

To complete your request for emergency assistance, this application will be sent to the endorser you identified on this form to confirm support and add supporting notes.

Please be aware of that your endorser does not have access to the information on your application, but he/she will be asked to confirm the specific circumstances of your application, so be sure to discuss the purpose of your application and the amount requested with him/her after submitting your application.

Once the endorsement is confirmed, your application will be received by Ministerial Assistance for processing. We are usually able to move forward with the recommendation in a fairly short time.

For the sake of privacy, we ask those seeking an emergency grant to address a medical condition to not share the specifics of their condition or procedural needs with us. If we receive a request related to a need for unspecified medical treatment that has been endorsed by conference leadership, it will be considered through our normal processes and criteria.

ENDORSER'S INFORMATION	
Name of Endorser (First, Middle, Last)	Conference/UC Entity
Endorser's Organization	Endorser's Title
Endorser's Phone Number (      )	Endorser's Email Address