



THE CORPORATION

for the Relief of the Widows and Children of the Clergy
of the Protestant Episcopal Church in Maryland

Confidential Financial Report

(To be used only in determining distribution of Gratuities when financial need exists)

Name: _____ Widow(er)/Child of: _____ DOB: __/__/____

Address: _____
Street Apt. City/State Zip

Phone: _____ Cell? (Y/N) Email: _____

<u>Sources of Income:</u>	<u>Total Annual Amount</u>
Church Pension Fund	\$ _____
Social Security	\$ _____
Other Retirement Income	\$ _____
Interest, Investments, Trusts, Savings, etc.	\$ _____
Salary	\$ _____
Other Income	\$ _____
TOTAL INCOME	\$ _____

NOTE: Do not include any funds received from The Corporation in calculating your income. If you are requesting a gratuity for the year, **you must turn in this form along with documentation of income** (including tax returns, if applicable, Social Security benefits statement, VA benefits statement, etc.) All documents will be kept strictly confidential. If you need assistance filling out the form, contact our office at 410-467-1399 ext. 1362 or admin@episcopalcorporation.org

2024 Budget Worksheet

Instructions: Expenses are separated into “fixed” and “variable.” Fixed expenses are costs that typically remain the same in price and frequency (whether the interval is monthly, quarterly, yearly, or occasionally), while variable expenses are costs that can change regularly. **Add together your fixed expenses per year in each category and your variable expenses per year in each category to find your total annual expenses.**

Fixed Expense	Annual Total	Example Documentation*
Rent, Mortgage, Housing Fees	\$	lease/ mortgage document; receipt or check payment/bank statement entry for one month’s rent/mortgage
Vehicle Payments	\$	leasing/ debt agreement; monthly bill; receipt or check/bank statement entry for one month’s car payment
Insurance Premiums (Health, Life, Home/Renters, Auto, Long-term Care, etc.)	\$	Premium statement from insurer; receipt or check payment/bank statement entry for a single month’s premium
Long-term Prescriptions/Medications	\$	estimate is sufficient
Cable, Internet, Phone services	\$	annual contract; monthly bill; receipt or check payment/bank statement entry for a single month’s payment
Subscriptions and memberships (streaming services, meal kits, fitness memberships, etc.)	\$	monthly bill; if annual subscription or membership, the annual bill/contract; receipt or check payment/bank statement for a single month’s payment
Tuition/Childcare (including related expenses)	\$	tuition contract; monthly bill/invoice; receipt or check payment/bank statement entry for a single month
Regular Charitable Giving (church pledge, monthly donations, etc.)	\$	giving statement from organization; receipt or check payment/bank statement entry for single month’s donation
Debt payments (credit cards, loans, etc.)	\$	monthly credit card/debt statement; receipt or check payment/bank statement entry for single month’s payment

TOTAL ANNUAL FIXED EXPENSES \$ _____

Variable Expense	Annual Total	Example Documentation*
Housing maintenance (repairs, furniture & appliance purchases, yard upkeep, cleaning supplies, housekeeping, etc.)	\$	past receipts of regular repair work; invoice/receipt for lawncare, snow removal, housekeeper, and/or other regular service provider
Utilities (electricity, water, gas, etc.)	\$	if possible, two receipts/invoices or check payments/bank statements for heating and cooling expenses – one for warm weather month and one for cold weather month
Food (groceries, dining out, etc.)	\$	estimate is sufficient
Transportation & Travel (car repairs and maintenance, gas, ride share/public transportation, flights, train, etc.)	\$	estimate is sufficient
Medical out-of-pocket (doctor visits, dental and vision, vitamins/supplements, massage, acupuncture, therapy, prescriptions, equipment, mental health care, home health aides, etc.)	\$	a sample bill/invoice for doctor's visits and previous healthcare services; if you expect to need such services in the coming year, estimate to the best of your ability.
Clothing (new clothes, laundry, dry cleaning)	\$	estimate is sufficient; please include receipt if dry cleaning and new clothes costs are significant
Enrichment Activities & Entertainment (enrichment includes hobbies, arts & crafts, recreation, classes, etc. entertainment includes movies, concerts, events, etc.)	\$	estimates are sufficient
Gifts	\$	estimates are sufficient

Variable Expense	Annual Total	Example Documentation*
Estimated Taxes - Fed & State (including property and school taxes)	\$	previous year's taxes, provided nothing has changed
Contributions to Retirement/Savings	\$	estimate is sufficient

TOTAL ANNUAL VARIABLE EXPENSES \$ _____

+ ANNUAL FIXED EXPENSES \$ _____

= GRAND TOTAL ANNUAL EXPENSES \$ _____

*If you need any assistance filling out the worksheet, please don't hesitate to contact our offices at 443-467-1399 ext. 1362 or by email at admin@episcopalcorporation.org
 You can also visit our website, www.episcopalcorporation.org for more information.

Special Circumstances

I live (circle one or more):

- a) in a home that I rent
- b) in my own home with a mortgage
- c) in my home that I own outright
- d) with a family member
- e) in a retirement community
- f) in a CCRC
(continuing care retirement community)

I receive financial support from a family member (YES/NO) *if yes, please explain below:*

I financially support family members (YES/NO) *if yes, please explain below:*

Total amount of financial support to family: \$ _____

I expect major expenses in the coming year, such as replacement of appliances, significant repair to house, overdue bills, etc. (YES/NO) *if yes, please explain below and include estimate of cost:*

Amount requested for 2024: \$ _____

By March 1st, 2024 please return this form, along with your income documentation and letter of request either by mail to 4 E. University Pkwy, Baltimore MD 21218 or by email to admin@episcopalcorporation.org. Don't forget, please include sample documentation of your expenses. Staff is always happy to help you with the forms!