

MASSACHUSETTS BAPTIST CHARITABLE SOCIETY

Incorporated February 3, 1821 to aid the widows/widowers of the
ministers of the American Baptist Churches of Massachusetts

Please complete and mail to the Executive Director
Rev. Dr. G. Jean Wright
c/o The American Baptist Churches of MA
30 Milton Street, Dedham, MA 02026
Phone: 978-448-0451 Fax: 978-448-2534 e-mail: revwright@charter.net

TABCOM WIDOW/WIDOWER GRANT APPLICATION

Name _____ Date of birth _____

Address _____ Zip _____

Telephone _____ E-mail _____

Social Security # _____ Date of marriage _____

Name of Spouse _____ Date of Spouse's death _____

Spouse's ministerial experiences in Massachusetts (Dates and places of each field of service):

Names and birthdates of children

Contact in an emergency: Name _____ Telephone _____

Address _____

Names of children or others dependent upon you for support:

Do you live alone? _____ If not, with whom? _____

Do you rent? _____ Pay a mortgage? _____ What is your monthly rent/mortgage payment? _____

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What other monthly living expenses do you have? (For instance: utilities, food, car payments and upkeep)

Specify current illnesses or disabilities, if any

Of what church are you a member? _____

Please give names, addresses and telephone numbers of three references

1. _____
2. _____
3. _____

List monthly income or support available from the following sources

From family \$ _____ From MMBB \$ _____

From Social Security \$ _____ From other sources, including interest income
\$ _____

Total monthly income \$ _____ Are your assets in a trust fund? _____

List market value of real estate \$ _____ Mortgage amount \$ _____

Is this your residence? _____ Annual property taxes \$ _____ If you have income-producing property, please list and describe _____

Do you own a car? _____ Make _____ Year _____

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Bank and savings deposits _____

Bonds and other investments _____

Is your life insured? _____ Amount \$ _____ Beneficiary _____

Do you have Medicare? _____ Part A _____ Part B _____ Part D _____

Do you have Medical Insurance? _____ Name of company _____

Annual premium _____ Any unusual medical expenses? _____

_____ Prescription drug expenses \$ _____

Is there any other information the Society needs to know in considering your application?

To the best of my ability, the above stated information is correct.

Date: _____ Signature of applicant _____

Criteria for applying to become an annuitant of the Society:

1. Your spouse must have been ordained as an ABC/USA clergy and served in recognized ministry in MA.
2. Your income must not exceed \$25,000 per year and your assets, **not** including home and car, must not exceed \$100,000.
3. If you are a couple applying, your joint income cannot exceed \$32,500 and your assets, **not** including home and car, cannot exceed \$100,000.
4. Single clergy whose income and assets do not exceed the above criteria may also be eligible for annuitant status with the Society.
5. Complete the application and return to the Executive Director.

If you have any questions about the application and/or the application process please be in touch with Rev. Dr. G. Jean Wright by phone (978-448-0451), by fax (978-448-2534) or: revwright@charter.net