

Application for Financial Assistance

A Your Personal Information

Legal Name (First) _____ MI _____ Last _____ Social Security Number _____ - -

Email Address _____ No Email Available

Address _____

City _____ State _____ ZIP Code _____
 () () () ()

Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____

Marital status (check one):

Single

Widowed

Married or in eligible same-gender partnership

Spouse's or ESGP's* Name _____

B Other Personal information

Do you live in a nursing home and receive Medicaid benefits? Yes No

If yes, please stop here. You do not qualify for income from this fund.

Do you receive government housing assistance? Yes No

If yes, will income from this fund affect your housing assistance eligibility? Yes No

If yes, please contact the Portico Service Center at 800.352.2876 before completing this form.

C Retirement Plan Participation

- Did **you** retire with at least 7 years of participation in the ELCA and/or a predecessor church retirement plan? Yes No
- Have you reached full Social Security retirement age (the age at which you are first eligible to receive full, unreduced retirement benefits)? Yes No
- Were you sponsored in the ELCA or predecessor church retirement plan on the date of your retirement or disability? Yes No
- Are you the surviving spouse or ESGP of a retired churchworker? Yes No

If yes, did your spouse or ESGP meet the criteria described in this section? Yes No

NOTE: If your spouse's or ESGP's retirement was precluded by death or disability, you may still be eligible for this benefit. Contact our Service Center at 800.352.2876 for more information

*An eligible same-gender partner (ESGP) is an individual who satisfies Portico Benefit Services' same-gender partnership requirements as attested to on a completed Affidavit of Partnership filed with Portico.

D Total Income and Assets from All Sources**Monthly income (please estimate where needed)**

	You	Your spouse/ESGP
• Gross amount of ELCA annuity payment (excluding any health care subsidy you receive)	\$ _____	\$ _____
• Social Security income (before deduction for Medicare Part B)	\$ _____	\$ _____
• Interest, dividend, or royalty income	\$ _____	\$ _____
• Public assistance (state or federal assistance)	\$ _____	\$ _____
• Other income (part-time work, income from other retirement plans, or other income reportable on your tax return)	\$ _____	\$ _____
Total monthly income	\$ _____	\$ _____

Value of assets

• Savings and checking accounts	\$ _____	\$ _____
• Certificates of deposit	\$ _____	\$ _____
• Investments (stocks, bonds, IRAs, or non-annuitized retirement accounts)	\$ _____	\$ _____
• Estimated home equity value (market value less mortgage balance), if you own a home	\$ _____	\$ _____
• Real estate investments other than home (market value less mortgage balance)	\$ _____	\$ _____
• Other assets not listed above	\$ _____	\$ _____
Total assets	\$ _____	\$ _____

E Signatures (Required)

I am applying for income from the ELCA Special Needs Retirement Fund. The information provided on this form is true and complete. If I am required to file taxes, I have included a copy of my most recent Internal Revenue Service *Form 1040* with this application.

Signature of member (or power of attorney, if applicable) Date (MM/DD/YYYY)

Signature of spouse or ESGP (or power of attorney, if applicable) Date (MM/DD/YYYY)

Return this completed form to the Portico Service Center, along with a copy of your most recent Internal Revenue Service *Form 1040* (if applicable).

Portico Benefit Services
800 Marquette Ave., Suite 1050
Minneapolis, MN 55402-2892

800.352.2876 / 612.333.7651
F 612.334.5399

mail@porticobenefits.org
porticobenefits.org

PORTICO[®]
Benefit Services | A Ministry of the ELCA