

## The Fund for Special Assistance Application for Assistance and Personal Financial Disclosure Statement

The Fund for Special Assistance (FSA) is a program of The Church Pension Fund (CPF). The FSA was established by CPF for the relief of specific, extraordinary financial needs of retired clergy who are members in good standing in The Episcopal Church and their surviving spouses and dependents who are receiving benefits from certain plans administered by CPF.<sup>1</sup>

Please note that grants may not be used to pay for educational expenses or for long-term care expenses that can be addressed by Medicaid or Medicare. See the application submission guidelines at [cpg.org/fsa](http://cpg.org/fsa). The guidelines take into consideration stewardship of the funds identified for this purpose.<sup>2</sup>

The CPF Committee for the FSA (FSA Committee) reviews the application and decides, in its sole and absolute discretion, whether to grant the request. Requesting a grant does not in any way imply or guarantee approval, and approval of one grant does not imply or guarantee approval of future grants. The decision taken by the FSA Committee with respect to a request is final and cannot be appealed.

Please complete this form, download it, and email it or mail it to the address noted below.

**Date**    Month                  Day                  Year \_\_\_\_\_

### A. Personal Information

#### Legal Name

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Date of Birth**    Month                  Day                  Year \_\_\_\_\_

#### Mailing Address

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant Status** (please check one)      Retired Clergy      Surviving Spouse      Surviving Dependent

**Marital Status** (please check one)      Single      Married      Divorced      Widowed

#### If Married, Name of Spouse

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Canonical Diocese** \_\_\_\_\_

<sup>1</sup>Includes The Church Pension Fund Clergy Pension Plan, The Church Pension Fund Clergy Child Benefit, The Church Pension Fund Clergy Long-Term Disability, and International Clergy Pension Plan (The Episcopal Church only). CPF has received authorization to pay grants to eligible retired clergy, surviving spouses, and dependents in the Diocese of Cuba through January 31, 2027.

<sup>2</sup>CPF is required to maintain sufficient liquidity and assets to pay its pension and other benefit plan obligations. Given uncertain financial markets and their impact on assets, CPF has reserved the right, at its discretion, to modify or discontinue the program at any time.

## B. Amount and Reason for Requesting Special Assistance

Amount requested<sup>3</sup> \$ \_\_\_\_\_

The minimum grant request is \$1,000. More than one grant may be awarded to an individual, but the total of the grants awarded may not exceed the individual lifetime limit of \$50,000.

Please briefly explain the extraordinary financial need for which you are requesting special assistance.

**Attach professional estimates and/or receipts with your application.**

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## Personal Financial Disclosure Statement

*If the applicant is married, the spouse must also disclose their personal finances on this statement.*

## C. Income (per month)

|                                       | Cleric, Surviving Spouse,<br>or Dependent | Spouse of Applicant |
|---------------------------------------|---|---------------------|
| CPF pension benefit                   |   |                     |
| Social Security                       |   |                     |
| Other Pensions / Annuities            |   |                     |
| Dividends                             |   |                     |
| Interest from all savings             |   |                     |
| Earnings from any<br>other employment |   |                     |
| Other income                          |   |                     |
| <b>Total Monthly Income</b>           |   |                     |

## D. Liquid Assets

|   | Cleric, Surviving Spouse,<br>or Dependent | Spouse of Applicant |
|---|---|---------------------|
| Cash / Checking Account                                     |   |                     |
| Savings / Money Market                                      |   |                     |
| Personal investments (stocks,<br>bonds, mutual funds, ETFs) |   |                     |
| Retirement assets<br>(if retired and age 55 or older)       |   |                     |
| Other assets  |   |                     |
| <b>Total Assets</b>   |   |                     |

<sup>3</sup> CPF, in its sole discretion, may award a grant less than the requested amount.

### E. Expenses (average payment per month)

|  | Cleric, Surviving Spouse,<br>or Dependent | Spouse of Applicant |
|--|---|---------------------|
| Mortgage / Rent  |   |                     |
| Utilities (gas, electric, water)                               |   |                     |
| Property taxes   |   |                     |
| Maintenance/Insurance  |   |                     |
| Food   |   |                     |
| Medical and dental (premiums,<br>co-pays, out-of-pocket, etc.) |   |                     |
| Transportation   |   |                     |
| Other expenses   |   |                     |
| <b>Total Monthly Expenses</b>                                  |   |                     |

### F. Liabilities (total amount owed)

|  | Cleric, Surviving Spouse,<br>or Dependent | Spouse of Applicant |
|--|---|---------------------|
| Credit card balances                           |   |                     |
| Outstanding mortgage<br>on principal residence |   |                     |
| Education loans                                |   |                     |
| Auto loans                                     |   |                     |
| Personal loans                                 |   |                     |
| Other liabilities                              |   |                     |
| <b>Total Liabilities</b>                       |   |                     |

### Certification

- I certify that the information included in the application is complete and accurate.
- By applying for this grant, I acknowledge that, if the grant is approved, the payment will be issued using the same payment method that is being used for the monthly benefit paid by CPF.
- As a retired clergy person in good standing in The Episcopal Church, or a surviving spouse, or surviving dependent of a clergy person who at the time of death was in good standing, I have determined that the requested amount is needed to fund a necessary expense to satisfy a specific, extraordinary financial need and will not be used to fund payment of education expenses or long-term care expenses that could be addressed by Medicare or Medicaid.
- I certify the financial need cannot be addressed with any cash on hand, cash on bank deposit, or other liquid assets.
- I acknowledge that CPF retains the right to request supporting documentation for any information disclosed in this application.
- Further, I authorize CPF to inform my Canonical diocese (e.g., Bishop or Ecclesiastical authority) about this grant request and understand that any information that my Canonical diocese provides to CPF will be considered when reviewing this grant request.

Signature of Applicant

Date Month

Day

Year

(Please save a copy of this form for your personal records.)

Please download the completed application, sign it, and date it. Return it to us with any applicable documentation by one of these methods:

1. **Via MyCPG Accounts:** Sign in at [cpg.org/mycpg](https://cpg.org/mycpg), select “Resources” from the menu bar, then “Document Upload,” and follow the instructions.
2. **By email:** [benefits@cpg.org](mailto:benefits@cpg.org)
3. **By mail:**

The Church Pension Fund  
Attn: Benefits Policy  
19 East 34th Street  
New York, NY 10016

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