

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.¹

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. The guidelines take into consideration stewardship of the funds identified for this purpose.²

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

¹Includes 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.

CPFB 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, CPFB 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 requested³ \$ _____

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.**

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, or Dependent	Spouse of Applicant
CPF pension benefit		
Social Security		
Other Pensions / Annuities		
Dividends		
Interest from all savings		
Earnings from any other employment		
Other income		
Total Monthly Income		

D. Liquid Assets

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

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

E. Expenses (average payment per month)

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

F. Liabilities (total amount owed)

	Cleric, Surviving Spouse, or Dependent	Spouse of Applicant
Credit card balances		
Outstanding mortgage on principal residence		
Education loans		
Auto loans		
Personal loans		
Other liabilities		
Total Liabilities		

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. Email or mail the application with supporting documentation.

1. By email: benefits@cpg.org

2. By mail:

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

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