

## REQUEST FOR EMERGENCY GRANT

### UNY CONFERENCE BOARD OF PENSION & HEALTH BENEFITS

Retired pastors of the UNY Annual Conference or pastors on Medical Leave with an annual income from all sources less than the current minimum compensation for a full-time local pastor as established annually by the annual conference is eligible to receive a grant(s) not to exceed \$5,000 annually. Surviving Spouses with an annual income from all sources less than 75% of the minimum compensation for full-time local pastors are also eligible. Those amounts are \$42,511 and \$31,883.25 respectively.

The purpose of an emergency grant is to assist with unusual or unexpected expenses that place a burden on the applicant.

The amount of individual grants is determined by the number of eligible requests and the funds available. Individual grants are not to exceed \$5,000 and no individual shall receive more than \$20,000 in lifetime grants.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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REQUESTED GRANT AMOUNT: \$ \_\_\_\_\_

#### ANTICIPATED INCOME

|                                                         | MONTHLY | ANNUAL |
|---------------------------------------------------------|---------|--------|
| <b>SOCIAL SECURITY: Self and Spouse</b>                 |         |        |
| <b>UMC PENSION</b>                                      |         |        |
| <b>OTHER PENSION (all sources including spouse)</b>     |         |        |
| <b>ALL OTHER INCOME (investments, employment, etc.)</b> |         |        |
| <b>HEALTH REIMBURSEMENT ACCOUNT (HRA):</b>              |         |        |
| <b>GRAND TOTAL OF ALL INCOME:</b>                       |         |        |

*Continue to next page*

**ANTICIPATED EXPENSES**

|                                                                                                                                                     | <b>MONTHLY</b>          | <b>ANNUAL</b>           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| <b>HOUSING EXPENSES</b> including rent, mortgage, utilities, insurance                                                                              |                         |                         |
| <b>If listing Assisted Living or Nursing Home expenses, please indicate if applicant (or spouse) is receiving Medicaid Assistance and how much:</b> | YES: _____<br>NO: _____ | YES: _____<br>NO: _____ |
| <b>FOOD</b>                                                                                                                                         |                         |                         |
| <b>TRANSPORTATION – AUTO</b>                                                                                                                        |                         |                         |
| <b>TRANSPORTATION – OTHER</b>                                                                                                                       |                         |                         |
| <b>CHARITABLE CONTRIBUTIONS</b>                                                                                                                     |                         |                         |
| <b>HEALTH INSURANCE PREMIUMS</b>                                                                                                                    |                         |                         |
| <b>OTHER HEALTH EXPENSES</b> co-payments and out-of-pocket expenses**                                                                               |                         |                         |
| <b>OTHER NEEDS – Please explain:</b>                                                                                                                |                         |                         |
| <b>GRAND TOTAL OF ALL EXPENSES:</b>                                                                                                                 |                         |                         |

In the space below, please provide an explanation of the unusual or unexpected expense(s) resulting in your request. Please provide any supporting documentation that may be helpful in our review.

|  |
|--|
|  |
|--|

**Return this form – Marked: “CONFIDENTIAL” -- including W9 to:**

Julie Valeski  
UNY Conference  
7481 Henry Clay Blvd.  
Liverpool, NY 13088  
Email: [JulieValeski@unyumc.org](mailto:JulieValeski@unyumc.org)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☒ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶
- ☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) **XX**

Exemption from FATCA reporting code (if any) **XXX**  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

**UNY Conference**  
**324 University Ave - 3rd Fl**  
**Syracuse NY 13210**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

    -    -

or

Employer identification number

X X - X X X X X X X

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards; or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.