



PARSONAGE ALLOWANCE APPLICATION FORM 2017-2018

****** PLEASE NOTE: THIS AMOUNT WILL NOT BE CHANGED DURING THE YEAR, UNLESS THERE IS QUALIFYING LIFE CHANGING EVENT**

Name of Employer: _____

Name of Employee: _____

Ordination Received From: _____

Home Address: _____

Type of Home (circle one): Apartment / House

I (please circle one) rent / own the above-listed dwelling unit.

My estimated housing expenses for the calendar year 2017-2018 are as follows:

Rent or Mortgage Payments _____

Real Estate Taxes (for homeowners only) _____

Utilities (gas, electric, water, etc.) _____

Repairs and Maintenance _____

Homeowners or Tenant's Insurance _____

Furnishings (furniture, appliances, household goods,
such as cookware, dishes, linens) _____

TOTAL HOUSING EXPENSES _____

Less Parsonage Allowance to be received
From Other Institutions: _____

**TOTAL PARSONAGE ALLOWANCE
REQUESTED** _____

The above is an accurate estimate of my anticipated housing expenses. Should my housing expenses change significantly during the course of the year, I will promptly notify my employer and submit a new parsonage allowance request form.

Signature of Employee: _____

Printed name of Employee: _____

Date: _____