

ASSISTED CARE/SKILLED CARE
ADDITIONAL FINANCIAL SUPPORT FOR RETIRED PRIESTS:
REQUEST FOR INCREASED CONTRIBUTION
FROM THE ARCHDIOCESE *(PLEASE COMPLETE PAGE 2 BEFORE SUBMITTING)*

I, _____ hereby submit
the requested tax documents and the request for additional financial support for assisted living/skilled nursing
expenses for Father _____.

Instead of the current assisted living/skilled nursing payment on Father's behalf of
\$_____ (which is equal to the current full monthly pension payment for retired
priests, or 1/2 of the room rate – whichever is less) we request consideration of an increase in the amount
contributed to Father's costs. We have submitted the requested tax documents, and have attested to the
absence of other financial holdings.

Documents on behalf of Father have been submitted by Father's Power of Attorney for Finances:

Name: _____ Email: _____

Relationship: _____ Address: _____

Cell phone: _____

Signature: _____

Worksheet:

Archdiocese of San Francisco Retired Priest - Request for Additional Financial Support

From time to time, incardinated priests of the Archdiocese may find that they cannot meet financial obligations for their housing in retirement. They are invited to seek assistance from the Office of the Vicar for Clergy. In order for their request to be considered, they must complete the form below (in addition to providing two years of tax returns):

Date: _____ Priest seeking increase: _____

I. Inflows:

- | | | |
|----|---|-----------------|
| A. | Monthly Archdiocesan Pension (<i>currently</i>): | \$ |
| B. | \$400 room and board paid by Archdiocese
to facility on his behalf: | \$ 400 |
| C. | Monthly Mass stipends for celebrating liturgies: | \$ (on average) |
| D. | Monthly social security payment | \$ |
| E. | Pension from other sources (<i>military, etc.</i>) | \$ |
| F. | All other monthly sources of income
(<i>include all bank account statements w/ balances:</i> | \$ |
| G. | Other assets: value of real estate property, stocks, etc.
(<i>provide proof of value, attached</i>): | \$ _____ |

II. Outflows

- | | | |
|----|---|---|
| A. | Assisting living costs at _____ | \$ |
| B. | Additional expenses that must be covered (<i>provide proof</i>) | \$ |
| C. | Estimated additional monthly "pocket money" | \$ 200 (<i>this is the average allowed</i>) |

III. Net balance \$ _____

Decision: Following the review of _____ request and associated financial documentation, I approve a monthly payment totaling \$_____ made on behalf of the Archdiocese to the assisted care / skilled care facility where _____ lives subject to the execution of ATTACHMENT I. This monthly payment represents additional financial support of \$_____ a month.

This amount is subject to continued review by the ADSF and may be unilaterally adjusted by the ADSF at any time. Should _____ wish to have the ADSF reevaluate the additional monthly support at a date in the future, the ADSF will do so at the appropriate time.

This decision is effective as of _____.

Reviewed and accepted:

Rev. Andrew P. Spyrow
Vicar for Clergy

Michael Flanagan
Chief Financial Officer

ATTACHMENT I

ATTESTATION STATEMENT

I, Father Bradley, confirm the only financial accounts in my name are as follows:

- Account number:
- Account number:

I, _____ (or my Financial Power of Attorney “POA”), will provide the Archdiocese of San Francisco monthly account statements for these accounts no less frequently than once a quarter for its review.

I, _____, confirm that no funds were transferred out of my personal accounts to separate accounts controlled by me, my relatives, my Financial POA, etc. within the last 36 months.

If you cannot confirm the above, please provide documentation of the outflows to the outside accounts.

I, _____ (or Financial POA), recognize that the amount of incremental financial support is subject to the continued review by the ADSF and may be unilaterally adjusted by the ADSF at any time.

Signature, Rev. _____ or Signature, Financial POA _____