

**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: _____

After reviewing the documents submitted, I, _____
approve a monthly payment totaling _____ made on behalf of the Archdiocese to the
assisted care/skilled care facility where Fr. _____ lives,
effective _____.

Signed: _____ Date _____
Joe Passarello, Chief Financial Officer

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 \$ _____

**AFTER COMPLETING INFORMATION ABOVE,
PLEASE RETURN TO VICAR FOR CLERGY OFFICE WITH YOUR ATTACHMENTS.**

Decision: Additional Monthly Payment the Archdiocese agrees to provide \$ _____

Reviewed and accepted:

Signature, Rev. _____

Signature, Joe Passarello, Chief Financial Officer