

## NFCSN Application Financial Worksheet

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Today's Date

Please print and complete this worksheet before starting the application and note the following:

- **This worksheet is not the application. This worksheet is for your use only to aid in completing the online application. Please do not submit this worksheet to NFCSN.**
- The financial questions on the application and this worksheet pertain to the applicant's household. For example, if the applicant is married, income should reflect the couple's combined income.
- We do not need exact figures; reasonable estimates will work for us. The online form will not accept decimals, so you will be asked to round your figures.
- If your answers require additional explanation, please jot them down here and then bring them to our attention during the phone interview.
- An applicant may want to appoint a Personal Representative (PR) if they need help with the online application or submitting documents to NFCSN electronically.
- **Only the applicant or someone appointed as the applicant's PR may complete the application.**

### **Requirements of the Personal Representative (PR)**

When used, the PR is essential to the NFCSN grant process, and we value tremendously those who fill this role.

- To be a PR you need to have:
  - a durable or financial Power of Attorney showing you as the applicant's agent or attorney-in-fact, or
  - documentation showing you are the applicant's legal conservator or, if a minor, the applicant's legal parent or guardian, or
  - confirmation that you have the applicant's permission to be acting on his or her behalf in this role

To be effective as a PR please ensure the following:

- You have access to relevant documents such as the applicant's tax forms, social security benefit letters, trust documents, etc. (For a complete list, see the bullets at the end of page 4.)
- You are comfortable completing online forms and attaching documents to emails.
- You don't have a conflict of interest such as being the applicant's Christian Science nurse, Christian Science practitioner, or an employee involved in billing or caregiving at the applicant's Christian Science nursing facility.

- 1) Has the applicant filed a federal income tax return (IRS Form 1040) – or been claimed as a dependent on someone else’s tax return – within the last five years?
- 2) Does the applicant own or pay rent on his/her primary residence? If he/she owns the home, what is the street address?
- 3) How many people reside in the applicant’s household? If the applicant lives alone or resides in a facility, the household = 1. If a spouse, parents, children, or other dependents live in the home, the household is the total number of people living in the home.
- 4) How much does the household spend per month on housing? You may round to the nearest \$100.

Rent or mortgage (include second mortgage) \$ \_\_\_\_\_

Property tax on primary residence\* \$ \_\_\_\_\_

Homeowner’s or renter’s insurance\* \$ \_\_\_\_\_

Co-op or homeowner association fees\* \$ \_\_\_\_\_

\* If the mortgage or rent payment includes property tax, insurance, or association fees, you don’t need to itemize them separately.

- 5) What is the gross monthly income for the applicant’s household? You may round to the nearest \$100.

Employment income \$ \_\_\_\_\_

Rental property net income – provide street address(es) \$ \_\_\_\_\_

Business income \$ \_\_\_\_\_

Pension income \$ \_\_\_\_\_

Annuity income \$ \_\_\_\_\_

IRA distributions \$ \_\_\_\_\_

401(k) distributions \$ \_\_\_\_\_

Roth IRA distributions \$ \_\_\_\_\_

Investment income (e.g., interest, dividends,  
income from the sale of investments) \$ \_\_\_\_\_

Trust distributions \$ \_\_\_\_\_

Social Security income (SS) \$ \_\_\_\_\_

Supplemental Security income (SSI) \$ \_\_\_\_\_

Social Security Disability income (SSDI) \$ \_\_\_\_\_

Reverse mortgage income \$ \_\_\_\_\_

Financial support from others  
(e.g., regular support from family or friends) \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

- 6) What are the combined assets of the applicant's household? You may round to the nearest \$100.

Home – value of primary residence*	\$ _____
Real estate excluding primary residence* (e.g., rental, vacation, business property, etc.)	\$ _____
Cash & checking accounts	\$ _____
Health savings account (HSA)	\$ _____
Other savings accounts & CDs	\$ _____
Stocks, bonds, and mutual funds	\$ _____
401(k) accounts	\$ _____
Individual Retirement Accounts (IRAs)	\$ _____
Annuities	\$ _____
Simplified Employee Pensions (SEPs)	\$ _____
Assets held in Trust	\$ _____
Cash value – not death benefit – of life insurance	\$ _____
Leisure vehicles – not primary transportation (e.g., boats, RVs, collectible cars, etc.)	\$ _____
Other assets (e.g., cryptocurrencies, minerals, collectibles, etc.)	\$ _____

\* Websites such as zillow.com and realtor.com provide estimates of home value. On the home page of their websites, simply enter the property address.

For each property, please provide the street address, value, and amount owed.

- 7) What are the combined liabilities of the applicant's household? You may round to the nearest \$100.

Mortgage balance (include second & reverse mortgages)	\$ _____
Home equity loan	\$ _____
Auto loans	\$ _____
Student loans	\$ _____
Credit cards – only the portion carried as debt and not paid off each month	\$ _____
Other loans and/or debt	\$ _____

If your individual net worth is greater than \$700,000 or your joint household net worth is greater than \$1.4M, it is unlikely that you will qualify for a grant.

8) If the applicant is or has been under the care of a Christian Science nurse, please have the following information available when you complete the NFCSN application:

- The name and phone number of the Christian Science nurse, facility, or visiting nurse service.
- Copies of current unpaid invoices that you are requesting assistance with. We may be able to assist with:
  - Accredited Christian Science facility fees
  - Journal-listed Christian Science nurse fees
  - Journal-listed Christian Science practitioner fees

9) What sources of funding are – or may be – available to the applicant?

- |   |                                |
|---|--------------------------------|
| ▪ CS Nursing Care Endowment Fund of SCA | ▪ Health insurance             |
| ▪ High Oaks                             | ▪ Health savings account (HSA) |
| ▪ Homecrest                             | ▪ Medicare                     |
| ▪ Midland House                         | ▪ Medicaid (Medi-Cal, etc.)    |
| ▪ Sunnyside Foundation                  | ▪ Savings and/or investments   |
| ▪ The Dominion Foundation               | ▪ Other                        |
| ▪ The Mother Church                     | ▪ None of the above            |
| ▪ Wellsprings of Florida                |                                |

When you submit the online application, you will receive an email that will tell you if additional documentation is needed, and if so, how it can be submitted. Additional documents that may be needed are:

- a complete copy of the applicant's most recent tax return including IRS Form 1040 and all associated schedules
- applicant's [Social Security Benefit Verification Letter](#)
- if married, the applicant's spouse's [Social Security Benefit Verification Letter](#)
- trust documents
- durable or financial Power of Attorney

**Please return to [nfcsn.org/apply](https://nfcsn.org/apply) to complete the online application.**