

## MINISTERIAL SUPPORT FORM

Name of Church \_\_\_\_\_

Conference Code \_\_\_\_\_ Association Code \_\_\_\_\_ Church Number \_\_\_\_\_ Location \_\_\_\_\_

### **All items below should be computed on an annual basis.**

Categories of ministers: **(A)** Pastor; **(B)** Co-pastor; **(C)** Associate/Assistant Pastor; **(D)** Other Ordained Minister  
(Includes Supply/Interim/Ordained Minister of Music/Education, etc.)

MINISTER'S COMPENSATION: (Please check one.) **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_

Category of minister: (Please check one.) **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(D)** \_\_\_\_\_ (Please Specify) \_\_\_\_\_

#### **A. CASH SALARY AND HOUSING**

1. Cash salary (annual rate).....\$ \_\_\_\_\_
2. Additional amount paid by churches with which you may be yoked .....\$ \_\_\_\_\_
3. If a parsonage is provided, enter estimated rental value  
Recommended: at least 30% of total of 1 & 2 .....\$ \_\_\_\_\_
4. Rental Allowance if parsonage is not provided .....\$ \_\_\_\_\_
5. Allowance for utilities: gas, electric, etc .....\$ \_\_\_\_\_
- TOTAL CASH SALARY AND HOUSING .....\$ \_\_\_\_\_

#### **B. STANDARD BENEFITS**

6. Social Security .....\$ \_\_\_\_\_
7. Paid by church toward Pension Fund dues .....\$ \_\_\_\_\_
8. Insurance (life, disability, medical, dental).....\$ \_\_\_\_\_

#### **C. ADDITIONAL EXPENSES**

9. Other costs (books, continuing education, etc.) .....\$ \_\_\_\_\_
10. Other business related expenses (car, etc.).....\$ \_\_\_\_\_
- TOTAL FOR BENEFITS & ADDITIONAL EXPENSES .....\$ \_\_\_\_\_
- TOTAL COST TO MAINTAIN YOUR MINISTER .....\$ \_\_\_\_\_

MINISTER'S COMPENSATION: (Please check one.) **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_

Category of minister: (Please check one.) **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(D)** \_\_\_\_\_ (Please Specify) \_\_\_\_\_

#### **A. CASH SALARY AND HOUSING**

1. Cash salary (annual rate).....\$ \_\_\_\_\_
2. Additional amount paid by churches with which you may be yoked .....\$ \_\_\_\_\_
3. If a parsonage is provided, enter estimated rental value  
Recommended: at least 30% of total of 1 & 2 .....\$ \_\_\_\_\_
4. Rental Allowance if parsonage is not provided .....\$ \_\_\_\_\_
5. Allowance for utilities: gas, electric, etc .....\$ \_\_\_\_\_
- TOTAL CASH SALARY AND HOUSING .....\$ \_\_\_\_\_

#### **B. STANDARD BENEFITS**

6. Social Security .....\$ \_\_\_\_\_
7. Paid by church toward Pension Fund dues .....\$ \_\_\_\_\_
8. Insurance (life, disability, medical, dental).....\$ \_\_\_\_\_

#### **C. ADDITIONAL EXPENSES**

9. Other costs (books, continuing education, etc.) .....\$ \_\_\_\_\_
10. Other business related expenses (car, etc.).....\$ \_\_\_\_\_
- TOTAL FOR BENEFITS & ADDITIONAL EXPENSES .....\$ \_\_\_\_\_
- TOTAL COST TO MAINTAIN YOUR MINISTER .....\$ \_\_\_\_\_