



The Episcopal Diocese Of Western New York

Commission on Ministry Financial Disclosure

INFORMATION

Full Name of Nominee: _____

Date: _____

Date of Birth: _____

SSN: _____

Number on Incomes in the Family: _____

Number & Ages of Dependents: _____

ASSETS

Cash on hand: \$ _____

Checking account: \$ _____

Savings account: \$ _____

Savings bonds: \$ _____

Money market funds: \$ _____

Certificates of deposit: \$ _____

Cash value of life insurance: \$ _____

Pensions and similar assets: \$ _____

Market value of home: \$ _____

Mutual funds: \$ _____

Tax-deferred 403b, IRA, 401k: \$ _____

Stocks/bonds: \$ _____

Certificates of deposit: \$ _____

Rental property: \$ _____

Equity in businesses you own: \$ _____

Value of trust fund: \$ _____

Automobiles/trucks: \$ _____

Boats/recreational vehicles: \$ _____

Collectibles (art, stamps, coins, etc.): \$ _____

Jewelry/gold/silver: \$ _____

Other assets (describe on additional sheet): \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Unpaid bills: \$ _____
 Credit card balances: \$ _____
 Principal residence mortgage: \$ _____
 Other mortgages: \$ _____
 Equity line of credit: \$ _____
 Education loans-aspirant: \$ _____
 Education loans-other family members: \$ _____
 Automobile loans: \$ _____
 Alimony/child support: \$ _____
 Personal loans: \$ _____
 Other liabilities(describe on additional sheet) \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH CALCULATION

Total Assets: \$ _____
 (minus) Total Liabilities: \$ _____
 (equals) **Net Worth** \$ _____

OTHER DATA

Please provide details on any other information pertinent to your assets and liabilities including, but not limited to, prior and/or current bankruptcies.

SUBMISSION

Please submit this form to the office of the bishop either by mail or email, sslother@episcopalwny.org, along with a copy of your most recent IRS Form 1040.

Note: You may want to keep in mind anticipated family gifts or bequests. If applicable, in completing the questions on this form, you may wish to review marital vs. non-marital assets and expenses.

Signed: _____ Date: _____