

Please complete the following form to claim your Minister's housing allowance and return it to Human Resources, Box 0232. Incomplete forms will not be processed and will be returned to the employee for completion.

This form must be completed at the beginning of every fiscal year. Changes are allowed throughout the year, but must be turned into Human Resources no later than the 12th day of the month in which you want the change to take effect.

Name:		
Employee ID:	Fiscal Year:	
Annual Housing Amount: \$	Housing Amount per Pay Period	: \$
Annual Salary Amount: \$	Salary Amount per Pay Period:	\$
Total Annual Amount: \$	Total per Pay Period:	\$
I certify that under IRS regulations, I and the above is to be used as my current your IRS publication 517.		
Signature:	Date:	
Financial Business Manager	Date	