



SMUSM

Minister's Housing Form

Please complete the following form to claim your Minister's housing allowance and return it to Rhiannon Patton, 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 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 am eligible to claim the Minister's allowance and the above is to be used as my current year election. Rules and eligibility may be found in IRS publication 517.

Signature: _____ Date: _____

Financial Officer: _____ Date: _____