



# Confidential Financial Assistance Request Form

Date: \_\_\_\_\_

Name of applicant/head of household: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***Yours***

***Spouse***

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Names of dependents claimed on last tax return:

***Date of Birth***

***School***

Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

***Relationship***

Other: \_\_\_\_\_

Other: \_\_\_\_\_

***Family Status (check all that apply)***

- Child(ren) live(s) with both parents
- Widowed (one-parent home)
- Divorced (one-parent home)
- Divorced (remarried)
- Other (please explain) \_\_\_\_\_



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**Monthly Income**

Applicant's gross monthly earnings: \$ _____	Net \$ _____
Spouse's gross monthly earnings : \$ _____	Net \$ _____
Unemployment	\$ _____
Worker's Compensation	\$ _____
Social Security	\$ _____
Interest/Dividends	\$ _____
Alimony	\$ _____
Child Support	\$ _____
ADC	\$ _____
Commissions/Bonuses	\$ _____
Relatives/Other	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

Do you receive financial or other material assistance from parents, other family members or other outside sources?  Yes  No If yes, please specify \_\_\_\_\_

**Monthly Expenses**

Rent or Mortgage	\$ _____
Telephone & Utilities (Electric, Gas, Trash, etc.)	\$ _____
Food	\$ _____
Entertainment	\$ _____
Renters/Homeowners Insurance	\$ _____
Automobile	\$ _____
Auto Model _____ Year _____	
Auto Model _____ Year _____	
Auto Model _____ Year _____	
Health Insurance (insurance premiums, etc.)	\$ _____
Loan Payments	\$ _____
Credit Card Payments	\$ _____
Education	\$ _____
Day Care	\$ _____
Clothing	\$ _____
Synagogue or Church Dues	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY Expenses</b>	<b>\$ _____</b>

