



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	\$ _____
TOTAL MONTHLY INCOME	\$ _____

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	\$ _____
TOTAL MONTHLY Expenses	\$ _____

