



# FINANCIAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

NAME: (last, first, middle initial)	MAIDEN NAME:
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BIRTH DATE:	SOCIAL SECURITY NUMBER:	PHONE NUMBER:
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HOME ADDRESS (City, State, Zip):	HOW LONG THERE: _____ YR _____ MO
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PREVIOUS ADDRESS (City, State Zip):	HOW LONG THERE: _____ YR _____ MO
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EMPLOYER'S NAME:	EMPLOYER'S ADDRESS (City, State, Zip):
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POSITION:	HOW LONG: _____ YR _____ MO	SALARY (GROSS): \$ _____ WEEK \$ _____ MO
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SPOUSE'S NAME:	SOCIAL SECURITY NUMBER:	SPOUSE'S EMPLOYER & ADDRESS (City, State, Zip):
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POSITION:	HOW LONG: _____ YR _____ MO	SALARY (GROSS): \$ _____ WEEK \$ _____ MO
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OTHER INCOME SOURCE:	(MONTHLY)	(ANNUAL)		(MONTHLY)	(ANNUAL)
FARM/SELF-EMPLOYED	\$ _____	\$ _____	UNEMPLOYED / WORKMAN'S COMP.	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____	INTEREST / DIVIDEND INCOME	\$ _____	\$ _____
PENSIONS	\$ _____	\$ _____	ALIMONY / CHILD SUPPORT INCOME	\$ _____	\$ _____
STRIKE BENEFITS	\$ _____	\$ _____	PUBLIC ASSISTANCE (WELFARE, TOWNSHIP)	\$ _____	\$ _____

OTHER INCOME: PLEASE EXPLAIN (i.e. RENTAL PROPERTY) Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

ASSETS & DEBT INFORMATION:	BANK NAME:	CHECKING: \$	SAVINGS: \$
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OWN HOME:	NAME AND ADDRESS OF LANDLORD	RENT PMT: \$ _____	DUE DATE:	CONTRACT PMT: \$ _____	MORTGAGE PMT: \$ _____
		PURCHASE PRICE: \$ _____	DATE PURCHASE:	BALANCE DUE: \$ _____	ESTIMATED VALUE: \$ _____

VALUE OF OTHER ASSETS:	STOCKS \$ _____	BONDS \$ _____	CD'S \$ _____
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NAME AND ADDRESS OF CREDITOR	WHAT WAS PURCHASED?	AMOUNT FINANCED	UNPAID BALANCE	MONTHLY PAYMENT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Have you ever had any suits, judgments, wage assignments or garnishments against you or filed a petition for bankruptcy?  Yes  No

Members of family unit	Name	Birth Date	Relationship	Live at home	
				Yes	No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

I/we hereby certify that I/we are of legal age and that the foregoing statements are true and complete and are made for the purpose of determining my / our eligibility for Financial Assistance. I/we agree that this statement shall remain your property, whether or not the application is accepted. I/we agree to provide the necessary verification of my/our income and authorize you to make all inquiries that you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness, including, but not limited to, procuring consumer reports from consumer reporting agencies, and credit information from bank and other financial institutions and extenders of credit, references, present and former employers, merchants, landlords and creditors.

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

Signature of Applicant: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_