

List of All Monthly Income & All Assets
copies of proof may be required for ALL items listed below

All Monthly Take Home Pay(s) \$ _____ SS/ SS Disab \$ _____ Child Support \$ _____

SNAP \$ _____ WIC \$ _____ Family Financial Support \$ _____

Other Income _____ \$ _____

Total Household Income from ALL sources per Month \$ _____

Value of Assets: Homes \$ _____ Cars \$ _____ All Bank Accts \$ _____

List of all Bills & Payments per Month
copies of proof may be required for ALL items listed below and must be in your name

Rent \$ _____ Or Mortgage \$ _____ Electric \$ _____ Water \$ _____

Cable \$ _____ Child Care \$ _____ Home Phone \$ _____ Cell Phone \$ _____

Car Pay' t. \$ _____ Food \$ _____ Insurance of any kind \$ _____

Other _____ \$ _____

TOTAL of All Obligations per month \$ _____

Any obligations in the name of an additional person cannot be assisted without them being listed Page 1.

Are there any Veterans in the household ____ Y ____ N If Yes, Name: _____

Veteran's military ID # _____ Rank & Status _____

Your mode of transportation: # of _____ Cars _____ Bikes _____ Other _____

If Cars, Years _____; _____ Makes & Models: _____

Are there any dependents or others in residence ____ Y ____ N If Yes please complete below for each

Name _____ Age _____ Relationship _____ Marital Status _____

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