



Name: _____
Date: _____

Financial Assistance Request Form
Monthly Income and Expenses

***Gross Income Per Month**

	husband	wife
Salary	_____	_____
Interest	_____	_____
Dividends	_____	_____
Other(_____)	_____	_____
Other(_____)	_____	_____

*If you don't have an income please put down how you're paying your bills i.e. savings, unemployment, family helping

Less:

Tithe/Charitable

1 Contributions	_____	
2 Tax (Est. - Incl. Fed., State, FICA)	_____	
Net Spendable Income	_____	0

3 Housing 0

Mortgage (rent)	_____	
Insurance	_____	
Taxes	_____	
Electricity	_____	
Gas	_____	
Water	_____	
Sanitation	_____	
Telephone	_____	
Cell Phone	_____	
Maintenance	_____	
Cable/Dish	_____	
Other(_____)	_____	
Other(_____)	_____	

4 Food (at home) 0

5 Automobile(s) 0

Payments	_____	
Gas & Oil	_____	
Insurance	_____	
License/Taxes	_____	
Maint./Repair/Replace	_____	

6 Insurance 0

Life	_____	
Medical	_____	
Other(_____)	_____	

7 Debts 0

Credit Card	_____	
Loans & Notes	_____	
Other(_____)	_____	
Other(_____)	_____	

8 Entertainment/Recreation 0

Dining Out	_____	
Baby Sitters	_____	
Activities/Trips	_____	
Vacation	_____	
Other (_____)	_____	
Other (_____)	_____	

9 Clothing 0

10 Savings 0

11 Medical Expenses 0

Doctor	_____	
Dentist	_____	
Drugs	_____	
Other (_____)	_____	

12 Miscellaneous 0

Toiletry, cosmetics	_____	
Beauty, barber	_____	
Laundry, Dry Cleaning	_____	
Allowances, Lunches	_____	
Subscriptions	_____	
Gifts (incl. Christmas)	_____	
Cash	_____	
Internet	_____	
Other (_____)	_____	
Other (_____)	_____	

13 Investments 0

14 School/Child Care 0

Tuition	_____	
Materials	_____	
Transportation	_____	
Day Care	_____	
Other (_____)	_____	

Total Expenses 0

Income Versus Expenses

Net Spendable Income	_____	<u>0</u>
Less Expenses	_____	<u>0</u>
Surplus or Deficit	_____	<u>0</u>

Standard Fee: _____
 ___ Approved ___ Unapproved
 Revised Fee: _____ x _____ Sessions
 Review Date: _____