

Members of Household: List all persons living with you.

	Name	Age	Relationship	Employer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

INCOME Income for all Persons in Household (List Gross Amount per Month)		EXPENSES (Monthly Expenses – List Amount per Month)		
Self	\$	Rent	\$	
Self (second job)	\$	House Payment	\$	
Spouse	\$	Utilities	\$	
Spouse (second job)	\$	Phone	\$	
Roommate	\$	Insurance	\$	
Child Support	\$	Child Support	\$	
Alimony	\$	Alimony	\$	
Retirement	\$	Food	\$	
Disability	\$	TOTAL	\$	
			MONTHLY	TOTAL DEBT
Medicaid	\$	Department Stores	\$	
Food Stamps	\$	VISA	\$	
Other	\$	MasterCard	\$	
TOTAL	\$	Other Credit Cards	\$	
		Furniture	\$	
ASSETS		Appliances	\$	
Savings	\$	Automobile	\$	
Investments	\$	Medical Doctor	\$	
Credit Union	\$	Hospital	\$	
Tax Sheltered Annuity	\$	Loans	\$	
PDOs	\$	Other	\$	
Sick Days	\$	TOTAL		
Other	\$			
TOTAL	\$	GRAND TOTAL OF EXPENSES	\$	

If Illness/Accident is Involved, Please List:

Type of Illness/Accident: _____
 On-the-Job Injury? Yes _____ No _____ If Yes, Please Explain: _____
 Hospitalization Dates: _____ Doctor's Name(s): _____
 Time Off from Work (dates): _____ Available Sick Time: _____
 Date of Last Paycheck: _____ Anticipated Benefits: _____
 Types of Insurance Coverage You Currently Have (e.g., Health, Homeowners, Auto, Disability): _____

**Team Members SHOULD Take The Following Actions (If Applicable),
 Prior To Submitting This Application For Review**

LISTED BELOW ARE MANY CONTACTS THAT MAY BE ABLE TO PROVIDE YOU WITH ASSISTANCE. HAVE YOU CONTACTED ANY OF THE FOLLOWING?	YES	DETAILS OF RESPONSE RECEIVED	NO	REASON YOU DID NOT CONTACT FOR ASSISTANCE
Creditors				
Insurance Company				
FEMA				
Red Cross				
Credit Union				
Lending Agencies				
Legal Assistance				
Employee Assistance Program				
Credit Counseling				
Shelters				
Community Service Agency (specify)				
Food Stamps				
Disability Application Filed				
Church Contributions				
Others				
Other Comments				

I agree to accept Humanitarian Fund help if appropriated and available. I certify the information given is true and correct to the best of my knowledge. I understand that all information contained within this application will remain confidential and will be reviewed only by those individuals who are involved in fund administration and who have a specific need to know.

 Signed _____
 Date