

PRE-FINANCIAL ASSISTANCE APPLICATION DATA SHEET

Are there any changes to the below items? If so, please write the change(s).

1. Name: \_\_\_\_\_

2. Marital Status: \_\_\_\_\_

3. Dependents: \_\_\_\_\_

\_\_\_\_\_

4. Employment: \_\_\_\_\_

INCOME AND EXPENSES (VERIFICATION OF ALL IS REQUIRED)

NET INCOME (Last 30 Days)	ESTIMATED EXPENSES
Wages – Veteran \$	FOOD \$
Wages – Spouse \$	SHELTER \$
Wages - Household Members \$	WATER \$
Pension or Compensation \$	ELECTRIC \$
Retirement Benefits \$	HEAT \$
Social Security – Veteran \$	TELEPHONE \$
Social Security – Spouse \$	INTERNET \$
SSI \$	AUTO PAYMENTS \$
JFS Cash Assistance \$	INSURANCES
Child Support \$	Medical \$
Unemployment Benefits \$	Life \$
Worker’s Compensation \$	Other (Specify) \$
Other Sources \$	RX/MEDICAL \$
	TRANSPORTATION \$
	DAYCARE \$
	CHILD SUPPORT \$
	CREDIT DEBT \$
	OTHER \$
	OTHER \$

5. List any other occupants of the house other than spouse and dependents:

\_\_\_\_\_

6. Have you or any household member received any other assistance in the last 30 days? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

7. What assistance are you requesting? Please list:

\_\_\_\_\_

\_\_\_\_\_

**\*Note: The gathering of this data is being used to speed up your application appointment time. The data will be placed on the application. Please understand once this data is transferred to your application, false statements/information may lead to prosecution.**