|  |  |
| --- | --- |
| **Guest Name:** |  |
| **Lead Home Visitor:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **MONTHLY INCOME** | |
|  | **Amount** |
| Employment  (verify paystub) |  |
| Social Security |  |
| SSI (Supplemental Ins) |  |
| SSDI (Disability Ins) |  |
| Welfare |  |
| Child Support |  |
| Unemployment |  |
| Food Stamps Y/N |  |
| Other Income |  |
| **TOTAL INCOME** |  |

|  |  |
| --- | --- |
| **NET MONTHLY BALANCE** | |
|  | **Amount:** |
| **Total Income** |  |
| **(Less) Total Expenses** |  |
| **MONTHLY NET** |  |

|  |  |
| --- | --- |
| **ASSISTANCE REQUESTED** | |
| **Type** | **Amount:** |
|  |  |
| **TOTAL REQUESTED** |  |

|  |  |
| --- | --- |
| **MONTHLY BUDGET** | |
|  | **Amount** |
| Rent/Mortgage Payments **\*\*** |  |
| In arrears? |  |
| Oil/Gas/Propane |  |
| In arrears? |  |
| Electric |  |
| In arrears? |  |
| Water / Sewer |  |
| In arrears? |  |
| Cell phone / Landline |  |
| Cable / Internet |  |
| Car Payment |  |
| Credit Card Debt |  |
| Car Insurance |  |
| Gas for car |  |
| Health Insurance |  |
| Medical Bills |  |
| Child care costs |  |
| Food / Clothing |  |
| Other Expenses/Misc |  |
| **TOTAL EXPENSES** |  |

|  |
| --- |
| **\*\* If requesting Rent/Mortgage AND Landlord is a Sole Proprietor or an LLC, we need a W-9 form BEFORE we can pay.** If board approves then check box here after you obtain W-9 or determine we already have one on file. Letter to Landlord is also available |
| **Verify** if guest has a bank/checking account and review one or two months statements for any large, unusual expenses for gambling or any other misuse |
| If possible, secure copies of necessary bills, forms, leases, statements. Otherwise, take originals and inform guest that the papers will be returned as soon as possible. |