



(2) \_\_\_\_\_  
Employer name Supervisor

\_\_\_\_\_  
Address Phone

If more than two in the household are employed, please attach an additional sheet.

6. Donation Amount Requested: \$ \_\_\_\_\_

7. Reason for request for donation: (Continue on additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the individual or family receiving any other form of assistance or aid for the situation described above (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

9. Sources of Monthly Income

Salary, Wages, Tips, etc.	\$ _____
Self-Employment/Farm Income	\$ _____
Social Security	\$ _____
Unemployment Compensation	\$ _____
Retirement/Pension	\$ _____
Alimony/Child Support	\$ _____
AFDC	\$ _____
SSI/Disability	\$ _____
Other _____	\$ _____
_____	\$ _____

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

10. Monthly Expenses:

Rent/Mortgage	\$ _____	Doctor/Dentist	\$ _____
Food & Misc.	\$ _____	Hospital	\$ _____
Clothing	\$ _____	Medication	\$ _____
Electricity	\$ _____	School Expenses	\$ _____
Gas/Propane	\$ _____	Charge Accounts	\$ _____
Telephone	\$ _____	Charitable Giving	\$ _____
Water/Garbage	\$ _____	Loans:	\$ _____
Cable	\$ _____		\$ _____
Car Payments	\$ _____		\$ _____
Vehicle Fuel & Repairs	\$ _____	Other Expenses	\$ _____
Medical Insurance	\$ _____		\$ _____
Life Insurance	\$ _____		\$ _____
Automobile Insurance	\$ _____		
Homeowners Insurance	\$ _____		

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

10. Please give two references:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
**Signature of Applicant/Recipient**

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**