

4. ESTIMATES OF WHAT YOU SPEND PER MONTH:

Names of Creditors/Expenditures:	Monthly Payments	Paid last 30 days	Amount Past Due
Rent			
Mortgage			
Utilities			
Gas			
Electric			
Water			
Transportation			
Food (Including Food Support)			
Phone			
Medical			
Child Care			
Insurance			
Renters/Home			
Health			
Car			
Loans			
Student			
Car			
Other			
Credit/Charge Accounts			
Other Debts (including car or other repairs)			
Other: (Specify)			
Total			

5. Please describe the emergency for which you are applying for assistance:

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

6. _____
 Applicant's Signature

 Date

 Social Security Number

Office Use Only

Worker Name: _____	Issue to: _____	Amount Issued: _____
Approving Supervisor: _____	Date: _____	Issue to: _____
Authorized Signers: _____	Check #: _____	Date Issued: _____
