

FINANCIAL INFORMATION FOR HOUSEHOLD

MONTHLY HOUSEHOLD INCOME

FOOD STAMPS \$ _____
WAGES (All Adults) \$ _____
AFDC/WORK FIRST \$ _____
UTILITY ASSISTANCE \$ _____
CHILD SUPPORT \$ _____
SOCIAL SECURITY \$ _____
SSI \$ _____
RETIREMENT \$ _____
UNEMPLOYMENT \$ _____
OTHER (Specify) \$ _____

TOTAL INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSE

FOOD STAMPS \$ _____
SECTION 8 / HOUSE PMT \$ _____
RENT \$ _____
GROCERIES \$ _____
TELEPHONE \$ _____
CABLE \$ _____
CAR PMT / INSURANCE \$ _____
MEDICAL/PRESCRIPTION \$ _____
UTILITIES \$ _____
LIFE INSURANCE \$ _____
LOANS \$ _____
CREDIT CARDS \$ _____
OTHER (Specify) \$ _____

TOTAL EXPENSES \$ _____

APPLICANT RELEASE

The information given in this application is true. I authorize The Salvation Army to obtain/ release information to any agency or group that may wish to assist me. I understand that any false or misleading information on this application will disqualify me from assistance. **I know that if I sign up for assistance anywhere else, I will be disqualified from The Salvation Army Angel Tree program.**

Applicant Signature: _____ Date: _____

NOTES
