



List All Who Live In Your Household:

Complete Name: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to You \_\_\_\_\_ Do they work outside of home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Adult Males \_\_\_\_\_ # of Adult Females \_\_\_\_\_ # of Children under age 18 \_\_\_\_\_

Is Anyone In Your Family:

\_\_\_\_\_ Active Military \_\_\_\_\_ Veteran \_\_\_\_\_ Clergy  
 \_\_\_\_\_ Disabled \_\_\_\_\_ Elderly \_\_\_\_\_ Single Parent  
 \_\_\_\_\_ Medical or Mental Problems-Please Describe: \_\_\_\_\_

Non-U. S Citizen (Citizen of) \_\_\_\_\_

\_\_\_\_\_ Need Interpreter for \_\_\_\_\_

**Financial Information**

Homeowner \_\_\_\_\_ Renter \_\_\_\_\_

Income:

Net Household Monthly Income  
 (bring home pay) \$ \_\_\_\_\_  
 Savings \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Pre-Disaster Income \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Income \$ \_\_\_\_\_

Expenses:

Mortgage/Rent \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Car Payment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Food/Clothing \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Student Loan \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Gasoline \$ \_\_\_\_\_  
 School Expenses \$ \_\_\_\_\_  
 Other (list) \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_

Instructions:

Be certain that all income and expenses figures are entered as Monthly figures.

Be certain that all expenses relate only to your household, not to your business.

To convert from a weekly figure to a monthly figure, multiply by 52 and then divide by 12.

To convert from yearly to monthly, divide by 12.

To convert from bi-monthly (twice a month paycheck), multiply by 2.

**Disaster Assistance Received:**

Did you receive anything from: Red Cross \_\_\_\_\_ Salvation Army \_\_\_\_\_  
Other churches or organizations: \_\_\_\_\_

Have you received insurance payment for your losses? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_  
Have you filed with your insurance? Yes \_\_\_ No \_\_\_ Amount Expected \$ \_\_\_\_\_

Did you apply to FEMA for assistance? Yes \_\_\_ No \_\_\_  
Has FEMA inspected your property? Yes \_\_\_ No \_\_\_ Amount Expected \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

For what purpose did FEMA say they gave you the grant?  
\_\_\_\_\_

Did you apply for an SBA Loan? Yes \_\_\_ No \_\_\_ How much did you qualify for \$ \_\_\_\_\_

Total SBA funds that you have accepted: \$ \_\_\_\_\_ Amount of loan payment: \$ \_\_\_\_\_  
Be sure to include the amount of this loan payment on the previous page under Expenses.

**Current Living Arrangements:**

Where are you living right now?

In Pre-Disaster Home \_\_\_\_\_ With Family \_\_\_\_\_ With Friends \_\_\_\_\_ In Temporary Housing \_\_\_\_\_

Please Explain: \_\_\_\_\_

Other than help with your home, what are your immediate needs as of today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Your Signature