



499 Leslie Street

Ukiah, CA 95482

Phone (707)463-1975 Fax (707) 463-2252

Financial Information

- **GROSS MONTHLY INCOME** (COMBINE TOTALS FOR ALL APPLICANTS) \$_____.
- **MONTHLY EXPENSES** (COMBINE TOTALS FOR ALL APPLICANTS):

RENT: \$_____ OR Does not pay rent

JUDGEMENTS: YES ___ NO ___

CAR PAYMENT: \$_____

COLLECTIONS: YES ___ NO ___

CREDIT CARD PAYMENTS: \$_____ List ONLY the monthly due NOT full balance.

CHILD CARE \$_____/mo (Do not include payments to family or friends, only established business)

ALIMONY/CHILD SUPPORT: \$_____ Pay OR Receive (Include in Gross Income above)

BANKRUPTCIES: YES ___ When (*discharged date*) _____ NO ___

OTHER MONTHLY PAYMENTS (PERSONAL OR STUDENT LOANS, ETC...): _____

(DO NOT INCLUDE MONTHLY UTILITIES)

Applicants agree to provide accurate and truthful financial and personal information. Applicants who fail to fully disclose relevant information are denied program assistance.

Signature _____ Date _____.

Signature _____ Date _____.



Updated Feb. 27, 07

This institution is an equal opportunity provider, and employer





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Informacion Financiera

- **INGRESO MENSUAL BRUTO** (EL TOTAL DE TODOS LOS SOLICITANTES) \$ _____.
- **GASTOS MENSUALES** (EL TOTAL DE LOS SOLICITANTES):

RENTA: \$ _____ PAGO DEL CARRO: \$ _____ JUICIOS: SI ___ NO ___

Ponga la cantidad mensual solamente!

PAGOS DE TARJETAS DE CREDITO: \$ _____ COLECCIONES: SI ___ NO ___

PAGOS DEL CUIDADO DE NINOS: \$ _____ (No incluya pagos a familiares o amigos)

PAGOS A EX-ESPOSA/HIJOS: \$ _____ Recibe O Paga

BANCARROTA: SI ___ Fecha _____ NO _____

OTRAS DEUDAS (PRESTAMOS PERSONALES, ESTUDIANTILES,ETC...): _____

(NO INCLUYA PAGOS DE LOS SERVICIOS COMO AGUA, LUZ ETC...)

Los solicitantes estan de acuerdo en proveer informacion personal y financiera verdadera. Los solicitantes que omitan o mientan en la informacion proveeida no podran participar en el programa.

Firma

Solicitante _____ Fecha _____.

Co-solicitante _____ Fecha _____.



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