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SECTION 3: MONTHLY INCOME

Briefly describe your employment status including date of hire and/or last date of employment/retirement. If you are receiving income from other sources, describe the type of support, the date support began and the date the support is expected to end, if applicable. Also describe any other pertinent details about your income.

Identify ALL sources of monthly income for your household. Enter the person receiving the income, the amount received each month for each income category applicable. In addition to completing this application, for each type of income you identify below, submit the required documentation listed AND your most recent filed tax return including ALL supporting schedules, 2 months of bank statements, savings accounts statements, brokerage/investment statements.

	Required Documentation	NAME:	NAME:
		First Last	First Last
		OCCUPATION:	OCCUPATION:
Wages	2 current pay stubs		
Hourly Rate			
Average Monthly Hours Worked			
Self employment gross receipts	YTD P&L Schedule (1)		
Partnership income	YTD P&L Schedule (1)		
Social Security	Award letter		
Supplemental Security Income (SSI)	Award letter		
Unemployment	Award letter		
Disability	Award letter		
Workers Compensation	Award letter		
General Relief	Award letter		
Temporary Assistance for Needy Families (TANF)	Award letter		
Food Stamps/Electronic Benefit Transfer (EBT)	Award letter		
Alimony	Award letter		
Child support	Award letter		
Student Loans	Award letter		
Pension/Annuities	last year's 1099		
Interest income	last year's 1099		
Dividends	last year's 1099		
Capital Gains	last year's 1099		
Gross Rental Income			
Other:			
TOTAL MONTHLY INCOME			

(1) YTD P&L Statement means the current year-to-date profit & loss statement for the business/partnership. If your family does not have income, in the space below, please describe how you have been able to meet your needs for food & shelter. If another person has been providing support, in addition to the explanation below, please ask the person to send PVHMC a letter describing the type of support, frequency and duration of the support.



SECTION 4: MONTHLY EXPENSES

NAME:		NAME:	
First	Last	First	Last

Mortgage of owner occupied residence		
Mortgage of rental property		
Rent		
Property Taxes		
Car Payment		
Childcare		
Utilities & cell phone		
Food & household supplies		
Car insurance & gas		
Clothing		
Medical & dental expenses		
Insurance		
Credit Card Payments		
Tuition		
Child Support		
Spousal Support		
Installment payments		
Laundry & leaning expenses		
Other:		
TOTAL MONTHLY EXPENSES		

If the reported monthly expenses exceed reported income, explain how you are able to meet these financial obligations.

SECTION 5: PROPERTY, INVESTMENTS & SAVINGS

NAME:		NAME:	
First	Last	First	Last

Value of Home (if owned)		
Debt on Home (if owned)		
Value of Vehicles (Car, motorcycle, truck, etc.)		
Debt on Vehicles		
Checking account balance		
Savings account balance		
Non-retirement investment balance		
Retirement investment balance		
Assets of business or partnership		
Other:		
TOTAL ASSETS		

If the average monthly deposits exceed reported monthly income, explain the source of deposits and submit supporting documentation.
