

FINANCIAL HARDSHIP STATUS REPORT

PERSONAL DATA:

FULL NAME OF PERSON: _____ DATE OF BIRTH: _____
ADDRESS: _____
PHONE: _____ E-MAIL: _____
MARITAL STATUS: SINGLE ___ MARRIED ___ DIVORCE ___
NAME OF SPOUSE: _____ DATE OF BIRTH: _____
DEPENDENTS: _____, AGE OF DEPENDENTS: _____

NAME OF EMPLOYER: _____
ADDRESS: _____
POSITION: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____

YOUR SPOUSE EMPLOYER: _____
ADDRESS: _____
POSITION: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____

INCOME:

| AVERAGE MONTHLY INCOME: | SELF | SPOUSE | |
|---|----------|----------|----------|
| MOTHLY GROSS SALARY (Before payroll deductions) | \$ _____ | \$ _____ | |
| PAYROLL DEDUCTIONS | \$ _____ | \$ _____ | |
| FEDERAL STATE & LOCAL TAXES | \$ _____ | \$ _____ | |
| RETIREMENT | \$ _____ | \$ _____ | |
| SOCIAL SECURITY | \$ _____ | \$ _____ | |
| OTHER: | \$ _____ | \$ _____ | |
| TOTAL DEDUCTIONS: | \$ _____ | \$ _____ | |
| NET TAKE HOME PAY | \$ _____ | \$ _____ | |
| VA BENEFITS, SOCIAL SECURITY OR OTHER INCOME (Specify) | \$ _____ | \$ _____ | |
| TOTAL MONTHLY NET INCOME | \$ _____ | \$ _____ | |
| TOTAL COMBINED NET INCOME | | | \$ _____ |

EXPENSES:

| | | |
|---|----------|----------|
| RENT OR MORTGAGE PAYMENT | \$ _____ | |
| FOOD: | \$ _____ | |
| UTILITIES: | \$ _____ | |
| OTHER LIVING EXPENSES: | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| MONTHLY PAYMENTS ON DEBTS, CREDIT CARDS, INSTALLMENT CONTRACTS: | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| TOTAL MONTHLY EXPENSES: | | \$ _____ |
| NET MONTHLY INCOME LESS EXPENSES: | | \$ _____ |
| AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT: | | \$ _____ |

ASSETS:

CASH IN BANK \$ _____
(Checking, savings, cd's)
CASH ON HAND \$ _____
U.S. SAVINGS BONDS \$ _____
(Current value)
STOCKS AND OTHER BONDS \$ _____
(Current value)
REAL ESTATE OWNED \$ _____
(Resale Value)
AUTOMOBILES \$ _____ Make: _____ Year: _____
(Resale Value)

OTHER ASSETS (Specify below)
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL ASSETS: \$ _____

INSTALLMENT CONTRACTS, CREDIT CARDS, OTHER DEBTS:

| <u>NAME AND ADDRESS OF CREDITOR:</u> | <u>DATE & PURPOSE OF DEBT:</u> | <u>ORIGINAL AMOUNT:</u> | <u>UNPAID:</u> | <u>DUE MONTHLY:</u> | <u>PAST DUE:</u> |
|--------------------------------------|------------------------------------|-------------------------|----------------|---------------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL DEBTS: \$ _____

YOUR SIGNATURE: _____

YOUR SPOUSE SIGNATURE: (If applicable) _____

DATE SIGNED: _____

**I hereby authorize Congresswoman Kathy Castor or her representatives to provide this information and make inquiries into my personal records and/or files and to obtain information about me, pertaining to my request for assistance.
**Authorization Privacy Act form previously provided.