

Date: _____

Name:	Employer:
Address:	Length of Employment:
Phone :	Previous Employer:
Dependents: Number? Ages?	Length of Previous Employment:

Monthly Full Wages	What is the nature of your request?
Monthly Net Pay (amount of your check)	
Mortgage or Rent Payment	What other resources do you have (family, savings, etc?)
Real Estate Taxes	
Car Payment	
Other Loans or Credit Card Payments	
Total Debt Payments	
Insurance	What led you to contact Grace?
Day Care Expense	Who else have you contacted for assistance (churches, agencies, family, etc)?
Utilities (electric & gas)	
Phone Bill	
Groceries	
Other	
Total Monthly Expenses	
Monthly Net Pay Minus Expenses	

For Office use only	Assistance provided (Type/amount)
Total Debt Payments/Full Wages = Debt to Gross Income (36)	
Total Debt Payments/Net Pay = Debt to Net Income (45)	