

Society of St. Vincent de Paul



Saint Kilian Conference

Name _____

Date: _____

Address _____

Phone #: _____

E-Mail: _____

Cell #: _____

Members of Household:

First Name

Father: _____

DOB _____

Religion: _____

Church or Parish: _____

Employer(s) _____

Address _____

Veteran _____

Annual Income _____

Status: Married _____ Single _____

Divorced _____ Widow(er) _____

Mother: _____

DOB _____

Religion: _____

Church or Parish: _____

Employer(s) _____

Address _____

Veteran _____

Annual Income _____

Status: Married _____ Single _____

Divorced _____ Widow(er) _____

Children:	DOB	Attend School?	Grade	Employed?	Monthly Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Others in Family:	Relation	Employer	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe your present status: _____

Describe contacts and assistance received from Community agencies (Including Food Banks): _____

Describe extended family assistance: _____

Monthly Income:

Net Wages (Include total of all in household)- <u>TAKE HOME PAY</u>	\$ -
Pension	\$ -
Stock Dividends	\$ -
Annuities	\$ -
401K Distribution	\$ -
IRA Distribution	\$ -
Unemployment	\$ -
Gov't Assistance	\$ -
Social Security	\$ -
Social Security Disability	\$ -
Food Stamps	\$ -
Assistance from other Churches	\$ -
Child Support	\$ -
Other	\$ -
TOTAL MONTHLY INCOME	\$ -

Assets

	Balance/Value
Checking Account	\$ -
Savings Account	\$ -
Stocks/Bonds Portfolio	\$ -
Annuities	\$ -
401K	\$ -
IRA	\$ -
TOTAL	\$ -

Monthly Expenditures:

	Date of Last Payment	Past Due Amnt.	Balance
1st Mortgage/Rent Payment <u>X</u> Own ___ Rent			
2nd Mortgage			
Home Equity Loan			
Other Loans (Small Business Loan)			
Pay Pal Loan			
Homeowners/Renter's Insurance			
Association Fees			
Groceries and Food			
Alcohol Products			
Tobacco Products/Packs of Cigarettes per Day			
Heating (Gas/Oil)			
Electric			
Telephone (Home)			
Cable			
Cell Phone			
Water			
Sewage			
Trash			
Car Payment			
Car Insurance			
Gasoline			
Medical Insurance			
Medical Bills (including Rx)			
Dental			
Life Insurance			
Lottery			
Alimony			
Child Support			
Tuition/Student Loans			
Children Activities (Fees)			
Entertainment (Movies, Dining out, etc....)			
Pet Expenses			
Newspaper/Magazine Subscriptions			
Credit Card Payments			
TOTAL MONTHLY EXPENSES			

(4)

Credit Card Debt: List all Cards`

Credit Card	Total Amount Owed	Minimum Mthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL CREDIT CARD DEBT	\$	\$

Have you contacted Creditors to arrange payment plans?: _____

Additional Notes: _____

