



MONTHLY INCOME	APPLICANT	RELATIONSHIP	MONTHLY EXPENSES	APPLICANT	OTHER
Employment Start Date			Housing (rent/mortgage)		
SSI/SSDI Start Date			Electric/gas/oil/water		
Unemployment Start Date			Food		
Public Assistance Start Date			Telephone/cell/cable		
Food Stamps/WIC Start Date			Car payment		
Child Support Start Date			Car insurance/repair/gas		
Housing Assistance Start Date			Child care/child support/alimony		
Retirement / Pension Start Date			Credit card debt		
Foster Care Payments Start Date			Medical / prescription		
Other Start Date			Medical / life insurance		
<b>Total</b>			<b>Other (tuition, clothing, etc.)</b>		

I agree that SMILE may share my information, if necessary, to make a decision. I further certify that the information given above is true and correct to the best of my knowledge.

Applicant's Signature:	Date:
Signature of co-applicant, if for joint account	Date

**TYPE OF ASSISTANCE:** \_\_\_\_\_

**Follow-up:**

*Contact should be made with client three months following the assistance to determine status.*

**Date contact was made:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Spoke to:** \_\_\_\_\_

**Notes:**