



PART III NET MONTHLY HOUSEHOLD INCOME

| <u>SOURCE OF INCOME</u> | <u>AMOUNT</u> | <u>30 DAY NET INC</u> |
|-------------------------|---------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LIST ANY OTHER INCOME AND AMOUNT

TOTAL OF NET INCOME RECEIVED _____

.....
PART IV List assets for all household members and attach supporting documents.

Name of Banking Institution _____

Checking Account Balances _____

Savings Account Balances _____

Cash Value Life Insurance _____

Stocks and Bonds _____

Money Market _____

Real Estate Investments _____

Other _____

TOTAL _____



PART V HOUSEHOLD EXPENSES

(List all regular household expenses and attach documents)

Mortgage/Rent _____
Utilities _____
Auto Insurance _____
Food _____
Child Care _____
Alimony/Child Support _____
Medical _____
Other _____
Loans _____
Total Regular Expenses _____

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PART VI

Emergency Expenses _____

PART VII

Credit Information Summary



PART VIII

Emergency Needs: Describe Emergency. How can Positive Impact help you?
Attach supporting documents (Doctor's letters, bills that you want paid, etc.)

(Attach separate sheet if needed)

Approximately how long do you anticipate the need for aid from Positive Impact? ____



Part IX Statement of Truth

I have examined this application and agree that the information is true and correct to the best of my knowledge. I am aware that the information contained in this application is subject to verification. I understand all statements in this application are made for the purpose of obtaining aid from Positive Impact and that failure to provide requested documentation, or any falsified information, may result in denial of this petition. I agree that is application shall remain the property of Positive Impact.

Signature of Applicant

Date

Authorized Signature of Agency

Date