FINANCIAL SCREENING

Do you live in a ….
___☐___ Home
___☐___ Apartment
___☐___ Car
___☐___ Tent
___☐___ Homeless
___☐___ Other

How many rooms are in the home? _____

How do you heat the home? _____

How do you cool the home? _____

Please mark if you have the following items:

___☐___ Running water for drinking
___☐___ Running water for bathing
___☐___ Indoor toilet
___☐___ Fan
___☐___ Hot plate
___☐___ Cooking stove

Please estimate the current value of any assets that you have:
House _____
Car _____
Boat _____
Trailer _____
Cash on hand _____
Checking account _____
Savings account _____
Investments (CDs, bonds, IRAs etc) _____

Please give an estimate of your expenses for the past 30 days:
Mortgage/Rent _____
Food _____
Utilities _____
Phone _____
Car payment _____
Insurance _____
Credit card payment _____
Child support _____
Alimony _____
Other _____

Print Form