

APPLICANT	
MONTHLY ASSISTANCE Do you utilize any of the following?	
<input type="checkbox"/> Food stamps (SNAP) <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing	<input type="checkbox"/> Free or reduced school lunch <input type="checkbox"/> Energy assistance <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Head Start
OTHER INFORMATION	
Do you have any past due bills?	
In the past 7 years have you filed a petition of bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, when?	
In the past 5 years have you had anything repossessed? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, when?	
Are you a co-signer on any other loans? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what loans?	
Do you have any collections, garnishments, or judgements? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please list	
Are you currently enrolled in an IDA (Individual Development Account)? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, with which organization?	
CURRENT FINANCIAL GOALS	
<input type="checkbox"/> Reduce debt <input type="checkbox"/> Increase savings <input type="checkbox"/> IDA	<input type="checkbox"/> Home ownership <input type="checkbox"/> Start a business <input type="checkbox"/> Other:
SIGNATURES	
The information that has been provided on this application is true, complete, and correct to the best of my knowledge. I understand that this information is necessary to evaluate my financial needs and that providing false information may result in disqualification from this and other programs sponsored by St. Vincent de Paul Society of Lane County.	
APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
DATE	DATE
<i>ALL INFORMATION IN YOUR APPLICATION IS SUBJECT TO VERIFICATION</i>	
Please tell us about yourself, your family, and your financial goals:	