

ST. VINCENT DE PAUL, Laconia intake Advocacy Team _____ Date _____

Last Name: _____ First Name: _____ M.I. _____ VET? _____ DOB _____ Marital Status: _____

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Phone # _____ Current Address: _____ How Long? _____

Landlord: _____ Phone # _____

<u>HOUSEHOLD</u>	Adults	Age	Source of income: employment (Employer, ft/pt, hrs, etc.)/Disability type
Children (include Last Name)	Age	Schools, Day Care Providers	

MONTHLY INCOME	\$	FINANCIAL INFO	MONTHLY EXPENSES	\$
Wages, Salary (net)			Rent/Mortgage (net of subsidy)	
FANF (formerly TANF)			Utilities: Electric	
Unemployment			Utilities: Heat	
Food Stamps, WIC			Food (incl. food stamps)	
Soc. Security, SSI, Pension			Medical (out of pocket)	
Child Support			Loan Payments, Furniture Rental	
Disability (SSDI, APTD)			Car Insurance, gas, etc	
Educational Grants			Telephone	
Workman's Comp			Laundromat, Cable	
TOTAL			Child Care, Child Support	
			Other (cigarettes, alcohol, etc)	
			Medical Marijuana	
			TOTAL	
			DEBTS (incl. a/c #'s)	
ASSETS			Car loan	
Auto (Yr., Make)			Credit cards	
House			Taxes owed	
Tax Return			Rent	

other community resources utilized

State/Federal	
Town/City	
Private/Church/Pantries	

CLIENT CERTIFICATION I certify to the best of my knowledge that the above information is accurate. I authorize the St. Vincent de Paul Society members to inquire/share household, financial and other information about me and my family with public/private community agencies for the purpose of determining eligibility for SVDP financial assistance and to verify I have recently received/not received assistance from these organizations.

Date _____ Signature _____ Signature _____

