

ST. VINCENT DE PAUL – Laconia Intake

Advocacy Team

Date

Last Name:

First Name:

Veteran ?

Last Name:

First Name:

Veteran ?

Phone #

Current Address

How Long ?

Town :

Zip:

Landlord:

Phone:

Email:

Adults		Age	Source of Income	
Children (include Last Name)		Age	Schools, Day Care Providers	
Monthly income		AMOUNT	Monthly expenses	AMOUNT
Wages, Salary (net take home)			Rent/Mortgage	
FANF (formerly TANF)			Utilities: Electric	
Unemployment			Utilities: Heat	
Soc. Security, SSI, Pension			Medical /out of pocket expenses	
Child Support			Loan Payments / Furniture Rental	
Disability (SSDI,APTD)			Car Insurance / gas	
Educational Grants			Telephone or cellphone	
Workman's Comp			Cable, Internet, streaming service (ie Netflix)	
			Laundromat	
			Child Care / pay child support?	
			cigarettes/alcohol/vape/Medical Marijuana	
			Food (incl. food stamps) utilize food pantry?	
TOTALS			TOTALS	
Assets			DEBTS	
Auto (Yr., Make, Condition)			Car loan	
House			Credit cards	
Tax Return			Taxes owed	

CLIENT CERTIFICATION Client certifies to the best of their knowledge that the above information is accurate, authorizes the SVDP Society and its members to make inquiries and to share household, financial and other information about me and my family with public agencies and private organizations to determine eligibility for SVDP financial assistance and to verify receiving assistance from these organizations.