

7. Monthly household net income:

	You	Spouse	Children
Employment (take-home pay)			
Social Security (before deductions)			
Pension			
Food stamps			
Welfare			
ADC			
Child support			
Unemployment			
Other (list)			
Total			

8. Monthly household expenses:

Rent/mortgage	
Car payment	
Electric	
Gas	
Water/sewer	
Telephone	
Insurance	
Medical	
Loan payments	
Other (list)	
Total	

Own ____ or rent ____ home (check one)

List year and model of cars:

9. List other agencies from which you have received assistance during the last six months:

Agency Name	Amount	Date

Read the following statement, then sign and date form and send to the address above.

I authorize Kirk Care Inc. to contact any of the people or offices listed by me on this form for the purpose of verifying the information I have provided. All the information I have provided is true, complete and accurate.

Your Signature

Date