

PAMA Financial Assistance Application

NAME _____ BIRTHDATE _____

MARITAL STATUS _____

SPOUSE'S NAME _____ BIRTHDATE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

CHILDREN:

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

EMPLOYMENT - EMPLOYEED OR LAID OFF FROM:

SELF: _____

SPOUSE: _____

DOES THE APPLICANT HAVE SPECIAL SKILLS THAT WE MIGHT REFER TO AN EMPLOYER? _____

DOES THE APPLICANT SMOKE OR DRINK? _____

DOES THE APPLICANT HAVE PETS AND HOW MANY? _____

How can PAMA be of help to you? _____

Gas

Electric

Cell Phone

Cable

Car Payment

Rent

Home Payment

Dr. or hospital Bills

What steps are you taking to improve your present situation? _____

Have you ever used the services of a financial planner/advisor? ___ Yes ___ No

If yes, who did you see? _____ When? _____

What were the results? How were you helped? _____

Office use only:

Date sent: _____ Date received: _____

Name of Pastor filling out application? _____

What help was given specifically? _____

WHAT I OWN

	Value:			Value:
Checking Accounts	\$ _____	Auto (Year____ Make_____)	\$ _____	
Savings Accounts	\$ _____	Auto (Year____ Make_____)	\$ _____	
Other Savings	\$ _____	Other Possessions (estimate)	\$ _____	
Insurance (cash value)	\$ _____	Money Owed to Me	\$ _____	
Retirement Funds	\$ _____	Other: _____	\$ _____	
Home (market value)	\$ _____	Other: _____	\$ _____	
Total Assets:	\$ _____			

WHAT I OWE

Total Owed: Payment Amt: Payment Freq. Interest Rate:
(e.g. monthly)

Mortgage (current balance)	\$ _____	\$ _____	_____	_____ %
Home Equity Loan	\$ _____	\$ _____	_____	_____ %
Car Loans:				
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
Education Loans	\$ _____	\$ _____	_____	_____ %
Debts owed to other people	\$ _____	\$ _____	_____	_____ %
Unpaid Credit Card debt:				
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
Other:				
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
Total of debt owed:	\$ _____			
Total MONTHLY debt payments:	\$ _____			

WHAT I MAKE

Use take-home pay figures (the actual amount of your paycheck). If your income varies from month to month, use a conservative monthly average base on the last 2-3 years of earnings. Remember, you are looking for your after-tax, take-home income.

Job Description	Income	
_____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> ev ery other week <input type="checkbox"/> monthly <input type="checkbox"/> _____
_____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> ev ery other week <input type="checkbox"/> monthly <input type="checkbox"/> _____
_____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> ev ery other week <input type="checkbox"/> monthly <input type="checkbox"/> _____
_____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> ev ery other week <input type="checkbox"/> monthly <input type="checkbox"/> _____
Other Income:	\$ _____	Explain: _____
Total MONTHLY income:	\$ _____	

WHAT I SPEND

For each category below, fill out the amount you spend **per month**. Be as accurate as possible. Going through your checking register and credit card bills for the past year will probably be helpful. If you haven't kept records, estimate as best you can recognizing that untracked amounts are likely more than you think.

GIVING

Church \$ _____

Other \$ _____

Total Giving per month: \$ _____

SAVINGS

Total Savings per month: \$ _____

DEBT (from previous page)

Total Debt per month: \$ _____

HOUSING

Rent, Taxes \$ _____

Maintenance \$ _____

Utilities:

Electric \$ _____

Gas \$ _____

Water/Sewer \$ _____

Trash \$ _____

Phone/Cell Phone \$ _____

Cable/Satellite \$ _____

Internet \$ _____

Other \$ _____

Total Housing per month: \$ _____

AUTO/TRANSPORTATION

Gas \$ _____

Maintenance \$ _____

Other \$ _____

Total Auto per month: \$ _____

INSURANCE (paid by you)

Auto \$ _____

Home/Renters \$ _____

Life \$ _____

Medical/Dental \$ _____

Other \$ _____

Total Insurance per month: \$ _____

HOUSEHOLD/PERSONAL

Groceries \$ _____

Gifts \$ _____

Clothing \$ _____

Furnishings/Décor \$ _____

Misc. Supplies \$ _____

Leisure:

Dining Out \$ _____

Baby sitting \$ _____

Mag./News subscr. \$ _____

Movies/Events \$ _____

Misc./Allowance \$ _____

Vacation \$ _____

Fitness/Sports \$ _____

Hobbies \$ _____

Personal:

Liquor/Tobacco \$ _____

Lottery \$ _____

Cosmetics \$ _____

Barber/Beauty \$ _____

Total Personal per month: \$ _____

MISC. ONGOING EXPENSES

Regular child care \$ _____

Union dues \$ _____

Child support \$ _____

Medical

(doctor/prescription) \$ _____

Counseling fees \$ _____

Other \$ _____

Total Misc. per month: \$ _____

MISC. SMALL CASH EXPENSES

Total Misc. Cash Expenses: \$ _____

Total monthly income

(from previous page): \$ _____

Total monthly expenses: -\$ _____

TOTAL OVER / UNDER: \$ _____