

**JEWISH FAMILY SERVICES**  
**A Program of the Knoxville Jewish Alliance**  
**6800 Deane Hill Drive**  
**Knoxville, Tennessee 37909**  
**Phone: (865) 690-6343 Fax: (865) 694-4861**

Date: \_\_\_\_\_

**FINANCIAL ASSISTANCE APPLICATION**

1. Name of Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

2. Spouse's (or Partner's) Name: \_\_\_\_\_

Dependent Children	Birth Date/Age:	School/College:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No. of Other Dependents: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(Please attach your most recent income tax return)**

1. SALARIES (after deductions) AND/OR NET INCOME FROM OWN BUSINESS:

Whichever Applies:

<u>Family Member:</u>	<u>Employer:</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
		\$	\$	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	Sub-Total	\$	\$	\$

2. ADDITIONAL INCOME FROM OVERTIME, BONUSES, COMMISSIONS, ETC.

Whichever Applies:

	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
	\$	\$	\$
_____	_____	_____	_____

3. OTHER SOURCES OF INCOME:

Whichever Applies:

	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
	\$	\$	\$
a) Alimony and Child Support	_____	_____	_____
b) Unemployment/Workman's Compensation	_____	_____	_____
c) Interest, Dividends, Rent, Annuities, Insurance	_____	_____	_____
d) Social Security and/or Pension	_____	_____	_____
e) Relatives/Other (Specify) _____	_____	_____	_____
<b>TOTAL YEARLY, MONTHLY, AND/OR WEEKLY INCOME (ADD 1, 2, &amp; 3)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

4. AVERAGE MONTHLY LIVING EXPENSES:

Rent Mortgage	\$	Health - Doctor	\$
Homeowner's Taxes/Insurance	\$	Dentist	\$
Insurance: Auto	\$	Prescriptions	\$
Life	\$	Other	\$
Health	\$	Clothing/Dry Cleaning	\$
Food/Household Supplies	\$	Barber/Beauty Shop	\$
School Lunches	\$	Education	\$
Utilities: Electricity	\$	Entertainment (including cable/satellite)	\$
Water	\$	Newspapers/Magazines	\$
Gas	\$	Club/Union Dues	\$
Telephone	\$	Synagogue/Church	\$
Autos (# of vehicles)	\$	Child Care/Babysitting	\$
Car Note(s)	\$	Alimony/Child Support	\$
Gasoline	\$	Maid/Housekeeper	\$
Repair/Maintenance	\$	Dependent's Allowances	\$
Charity	\$	Other :	\$
		<b>TOTAL EXPENSES:</b>	\$

This is, to the best of my knowledge, a true and accurate statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date