



MONTHLY EXPENSES

All applicants for the Martin Luther King, Jr. Grant must complete this form, which captures the details of your current financial situation and provides necessary information to the Approval Committee. All information provided is kept confi-

PERSONAL INFORMATION

Date of Application: ____/____/____

First name: _____ Last name: _____

Social Security Number: ____-____-____ Number in Household: _____

125% Poverty Guideline UNDER OVER

150% Poverty Guideline UNDER OVER

MONTHLY INCOME

<input type="checkbox"/> Pension:	<input type="checkbox"/> Social Security:	<input type="checkbox"/> VA:
<input type="checkbox"/> Unemployment:	<input type="checkbox"/> SSI:	<input type="checkbox"/> Child Support:
<input type="checkbox"/> Wages:	<input type="checkbox"/> Disability:	<input type="checkbox"/> Alimony:
<input type="checkbox"/> Welfare (cash):	<input type="checkbox"/> Foster Care:	<input type="checkbox"/> Workman's Comp:
<input type="checkbox"/> Medical Assistance:	<input type="checkbox"/> Food Stamps:	<input type="checkbox"/> Housing Authority:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	TOTAL NET MONTHLY INCOME:

MONTHLY EXPENSES

<input type="checkbox"/> Food (in addition to food stamps):	<input type="checkbox"/> School lunches/snacks:	<input type="checkbox"/> Work lunches:
<input type="checkbox"/> Rent/Mortgage:	<input type="checkbox"/> Electric:	<input type="checkbox"/> Gas/Propane:
<input type="checkbox"/> Kerosene/Wood/Other:	<input type="checkbox"/> Telephone:	<input type="checkbox"/> Cel Phone:
<input type="checkbox"/> Water/Sewer:	<input type="checkbox"/> TV Cable:	<input type="checkbox"/> Internet:
<input type="checkbox"/> Medicine:	<input type="checkbox"/> Doctor:	<input type="checkbox"/> Hospital:
<input type="checkbox"/> Dentist:	<input type="checkbox"/> Gas/Transportation:	<input type="checkbox"/> Car Payments:
<input type="checkbox"/> Car Insurance:	<input type="checkbox"/> Garbage:	<input type="checkbox"/> Life Insurance:
<input type="checkbox"/> Hospitalization:	<input type="checkbox"/> Homeowners Insurance:	<input type="checkbox"/> Renters Insurance:
<input type="checkbox"/> Credit cards:	<input type="checkbox"/> Cigarettes:	<input type="checkbox"/> Alcohol:
<input type="checkbox"/> Childcare:	<input type="checkbox"/> Diapers:	<input type="checkbox"/> Clothing:
<input type="checkbox"/> Furniture:	<input type="checkbox"/> Appliances:	<input type="checkbox"/> Support/Alimony:
<input type="checkbox"/> Laundry:	<input type="checkbox"/> Fines:	<input type="checkbox"/> Loans:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	TOTAL MONTHLY EXPENSES: