

Kirby Care Assistance Application

Applicant's Name: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____
(Street Address)

(City) (State) (Zip Code)

Home Phone: (_____) _____ Cell Phone: (_____) _____

How Long at Address? _____ Birthdate: ____/____/____ Soc Sec #: _____

Buying ___ Renting ___ Monthly Amount: \$ _____ If Buying Amount Owed: \$ _____

Spouse's Name: _____
(Last Name) (First Name) (Middle Initial)

Birthdate: ____/____/____ Soc Sec #: _____

Name of Nearest Relative not living with you: _____

Address Include Street, City, State and Phone): _____

People living in your household:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

Please list additional people living in your household on another sheet of paper

Employer: _____

Occupation: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Employer's Phone: _____ How Long at Current Employer: _____

Salary (Gross): \$ _____ (Week/Month) Take Home Pay: \$ _____ (Week/Month)

Spouse's Employer's Name: _____

Occupation: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Employer's Phone: _____ How Long at Current Employer: _____

Salary (Gross): \$ _____ (Week/Month) Take Home Pay: _____ (Week/Month)

Bank Name: _____ Checking \$: _____ Savings \$: _____



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Acreage/income property Own _____ Rent _____ Location: _____
 Market Value: _____ Amount Owed: \$ _____
 Stocks \$: _____ Bonds \$: _____
 Certificates of Deposit \$: _____ 401k/403b \$: _____
 IRA(s)/Mutual Funds \$ _____ Other: _____

Other Income	Yourself – Monthly	Spouse – Monthly
Unemployment		
Public Aid		
Food Stamps		
Social Security		
Disability		
Child Support		

Expenses	Amount	Expense	Amount
Electric		Groceries	
Heat		Car Insurance (Annually)	
Water/Sewer		Life Insurance	
Telephone		Medical Insurance	
Cell Phone		Entertainment	
Cable TV		Charities	
Internet		Medications	
Gasoline		House/Renter's Insurance	
Property Taxes		Car Payments	
Clothing		Other (Specify)	

Creditor Name and Address	Expected Payment	Actual Payment	Unpaid Balance

Please list additional creditors on another sheet of paper

I/We hereby certify that I/We are of legal age and that the foregoing statements are true and complete and are made for the purpose of determining my/our eligibility for financial assistance. I/We agree that this statement shall remain your property, whether or not the application is accepted. I/We agree to provide the necessary verification of my/our income and authorize you to make all inquiries that you deem necessary to verify the accuracy of the statements made herein.

Applicant's Signature

Date

Co-Applicant's Signature

Date