

Financial Assistance Form

Walter E. Boehm Birth Defects Center

Client Name: _____

Client DOB: _____

Client Social Security # _____

RESPONSIBLE PARTY

Name	Marital Status	Social Security #
Street Address, City, Zip	How long at this address	Home Phone
Employer's Name and Address	Business Phone	Length of Employment
Position/Title	Monthly Income	Yearly Income

SPOUSE

Name	Social Security #
Employer's Name and Address	Business Phone
Position/Title	Monthly Income
	Yearly Income

HOUSEHOLD INFORMATION (All Persons in Household)

Name	DOB	Relationship
Total Persons In Household:		

MISCELLANEOUS INCOME PER MONTH

Dividends, Interest	\$	Child Support/Alimony	\$
Public Assistance/Food Stamps	\$	Pensions	\$
Social Security	\$	Investment/Rental Income	\$
Unemployment/Worker's Compensation	\$	Grants	\$
Savings Account Balance	\$	IRA	\$
Checking Account Balance	\$	Other	\$
Total Monthly Income:			

MISCELLANEOUS EXPENSES PER MONTH

Rent/Mortgage	\$	Food	\$
Home Owners Insurance	\$	Clothing	\$
Property Tax	\$	Car payment	\$
Electric	\$	Car Insurance	\$
Water	\$	Gasoline	\$
Telephone/Cell Phone	\$	Alimony/Child Support	\$
Loans	\$	Credit Cards	\$
Medical Insurance	\$	Medications	\$
Life Insurance	\$	Other	\$
Total Monthly Expenses:			

ASSETS

Checking Account	\$	Savings Account	\$
CD's	\$	IRA's	\$
Investments	\$	Other	\$
Total Assets:			

VEHICLES/RECREATION

Make	Auto (s) Model	Year	Original Loan Amount	Monthly Payment	Value
Make	Boat/Trailer/Motor Home(s) Model	Year	Original Loan Amount	Monthly Payment	Value

**INCOMPLETE OR FRAUDULENT
APPLICATIONS WILL BE DENIED**

In completing this financial statement, I hereby affirm that the above statements are correct and complete, and I give my consent to further verification by The Walter E. Boehm Birth Defects Center, Inc, or its Agents.

Signature/Date: _____ / _____

Relationship other than Client: _____