

HOLY TRINITY GREEK ORTHODOX FOUNDATION OF CHARLOTTE, NORTH CAROLINA

FINANCIAL FORM

MONTHLY INCOME AND EXPENSES

Income		Expenses	
Source	Amount (Monthly)	Source	Amount (Monthly)
Wages (Applicant)		Housing (Rent/Mortgage)	
Wages (Spouse)		Real Estate/Other taxes	
Interest or Dividend Income		Utilities (Gas, Electric, etc.)	
Pension or Retirement		Heat/Hot Water/Oil	
Social Security		Phone(s)/Internet	
Food Stamps		Food/Diapers	
VA Benefits		Transportation (Loan, Gas, etc.)	
Alimony		Auto Insurance	
Child Support		Health Insurance Premium	
Friends/Family		Life Insurance	
Other _____		Child Support/Alimony	
Other _____		Loans (Student, Other)	
Other _____		Credit Card Payments	
Other _____		Other _____	
Other _____		Other _____	
Other _____		Other _____	

Current Living Status (Check One)	
	Rent Apartment
	Rent House
	Share House
	Hotel/Motel
	Group Home
	Nursing Home
	Own
	Own w/ Mortgage(s)
	Homeless/Shelter

Residence Type (Check One)	
	Resident
	Transient
	New Resident
	Tourist
	Other

ASSETS AND LIABILITIES

	A	B	C	D
ASSETS	ESTIMATED VALUE	MORTGAGE PAY-OFF AMOUNT	EQUITY (A - B)	MONTHLY PAYMENT
Family Home	_____	_____	_____	_____
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____
Cash	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Retirement Account(s)	_____	_____	_____	_____
Other Financial Accounts	_____	_____	_____	_____
Other Stocks and/or Bonds	_____	_____	_____	_____
Jewelry	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Other Assets (Please Specify):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
TOTAL	=====	=====	=====	=====

OTHER LIABILITIES	NOT APPLICABLE	MORTGAGE PAY-OFF AMOUNT	NOT APPLICABLE	MONTHLY PAYMENT
Rent	N/A	_____	N/A	_____
Credit Card: _____	N/A	_____	N/A	_____
Credit Card: _____	N/A	_____	N/A	_____
Other Debts (Please specify):	N/A	_____	N/A	_____
	N/A	_____	N/A	_____
	N/A	_____	N/A	_____
	_____	_____	_____	_____
TOTAL	=====	=====	=====	=====

AFFIRMATION: By signing below, I declare that I have voluntarily completed this form and do also hereby declare it to be true, correct, and complete to the best of my knowledge and belief. I also understand that in making a decision as to an award, if any, the Board of Trustees of the Foundation shall be entitled to rely on the information included on this application and any other representations made by me.

APPLICANT: _____

DATE: _____

SPOUSE: _____

DATE: _____