

HeartStone Foundation Applicant's Financial Information

Applicant's Name _____
and street name _____
City & State & Zipcode _____
Phone _____
Marital status _____ and name of spouse _____
Children and ages _____

Medical coverage, if any (name of provider and whether employer or personal) :

Employer (name, address and position):
Amount of take-home pay \$ _____ per wk, bi-weekly, semi-monthly or monthly

Spouse's employer (name, address and position):
Amount of take-home pay \$ _____ per wk, bi-weekly, semi-monthly or monthly

Other income:
Social Security \$ _____
Disability \$ _____
Unemployment \$ _____
Alimony/child support \$ _____
Pension \$ _____
Other - Interest & dividends \$ _____

Assets:
Personal residence, if any, value \$ _____ Mortgage balance \$ _____
Vehicles: Make, model and year _____ Loan balance _____
Additional vehicles: _____
Retirement accounts in value \$ _____
Cash and savings balances _____
Jewelry, art, coins, etc.

Debt:
Monthly mortgage payment \$ _____
Home equity loan \$ _____ and monthly payment \$ _____
Rent, if any \$ _____
Monthly vehicle payment or lease \$ _____
Credit card: Balance \$ _____
Monthly payment \$ _____
Education loans \$ _____
Medical bills \$ _____
Family loans \$ _____

Also include prior year's Complete Federal income tax return.

This represents complete and accurate information on my financial situation.

Signed _____ Date _____