



Society of St. Vincent de Paul Council Financial Request Application

Check List

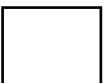
The checklists below are provided to help ensure all documents related to the situation are included.

Request must prove income and show ability to pay next month's rent.

Check only the relevant event(s) to the family situation:	Event
	Death in the family
	Loss of job/ reduction of hours
	Unexpected expense or circumstance
	Loss of income / Expired benefits
	Medical emergency/expense
	Housing relocation and or eviction
	Other (FILL IN):
	Other:

Provide only the necessary documentation applicable to situation, and may include but not limited to, the following:

INCLUDED Y/N	Document Description	INCLUDED Y/N	Document Description
	W9 from Landlord		Past rental payment receipts
	FIN ID: only for heads of household NO ID'S FOR MINORS REQUIRED		Funeral Home invoice/contract
	Most recent income / payroll statement (at least 1 month)		Most recent utility bill(s)
	Eviction notice: if applicable		Letter from Workers Compensation regarding disability benefit
	Past due rental statement (property management company)		Statements or letter from other benefits received
	Rental Agreement (terms & condition and signature page)		Receipts and bills related to the situation





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Conference: _____ Date: _____

Conference Bank Account Balance: _____

Name of Client requesting funds: _____

Reason for Request: Rental Assistance _____ Utilities Assistance _____ Other _____
Check all that apply!

People being helped: Families _____ Individuals _____

Check #1

Payee: _____ Payee Contact Number: _____

Check Mailing Address: _____

Amount of Check: _____ Account Number: _____

Address of Service (Rent/Utilities): _____

Check #2

Payee: _____ Payee Contact Number: _____

Check Mailing Address: _____

Amount of Check: _____ Account Number: _____

Address of Service (Rent/Utilities): _____

Check #3

Payee: _____ Payee Contact Number: _____

Check Mailing Address: _____

Amount of Check: _____ Account Number: _____

Address of Service (Rent/Utilities): _____

District President: _____ Date signed: _____

District Coordinator Signature: _____ Date signed: _____

Director of Vincentian Services Signature: _____ Date signed: _____





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Conference Intake Form

Conference _____

Home Visit Team

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

Client General Information

Client Name _____ Spouse / Other _____

Client DOB _____ Spouse / Other DOB _____

Client Profession _____ Spouse / Other Profession _____

Complete ONLY one of the following

Current Address _____

OR

New Address (if moving) _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

Family / People Living at the Residence

1. Name _____ Age ____ Sex ____ Relationship _____

School or Employer _____

2. Name _____ Age ____ Sex ____ Relationship _____

School or Employer _____

3. Name _____ Age ____ Sex ____ Relationship _____

School or Employer _____

4. Name _____ Age ____ Sex ____ Relationship _____

School or Employer _____

5. Name _____ Age ____ Sex ____ Relationship _____

School or Employer _____





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Monthly Income and Expense Review

Actual Monthly Income	
Client Salary	
Spouse/Significant Other Salary	
Dependent(s) Salary	
Child Support	
CalWorks Benefits	
Supplemental Security Income (SSI)	
Additional Income (please define)	
A. Other	
B. Other	
C. Other	
Savings/Checking Account Balance	
Total Monthly Income	
CalFresh Benefits	
DO NOT ADD TO TOTAL INCOME ABOVE	

Other Assistance / Benefit Programs	
Mark "Y" for YES and "N" for NO	
Childcare Assistance	
Housing Assistance (Section 8, HUDD, EAPE, etc.)	
Meal Programs (school lunch, Meals-On-Wheels, etc.)	
Transportation Assistance	
Utility Discount Programs (HEAP, CARE, etc.)	
Other (food banks, other non-profits, etc.)	

Average Monthly Expenses	
Rent / Mortgage	
Food (do not include CalFresh benefits)	
Telephone	
Cable/Internet Service	
Electricity	
Gas	
Water	
Transportation	
Automobile	
Automobile Insurance	
Gasoline	
Childcare	
Special Needs	
Child Support Payments	
Credit Card Debt	
Other	
Total Average Monthly Expense	

Monthly Cashflow Review / Debt-to-Income Ratio	
Total Monthly Income	
Total Monthly Expenses	
Difference (+/-)	
Debt-to-Income Ratio (expense/gross income = %)	

All income must be supported with documentation (copies of payroll checks, unemployment benefits, workers compensation benefits, SSI, federal & state benefits recap letters, court ordered payments/settlements (i.e. - spousal and/or child support), retirement distributions, etc.)

