

1001 W. Walnut St., Independence, MO 64050-3562 USA

STATISTICAL INFORMATION

Date: _____

Name: *Last* _____ *First* _____ *M.I.* _____ *Membership #* _____

Spouse: _____

Additional Number of Dependents: _____ (list names/ages/relationships below)

Address: _____ Phone: _____

_____ E-mail: _____

Home Congregation: _____ Mission Center: _____

Cause of Need:

FINANCIAL CONDITION

Resources/Assets (estimated)

Home market value	
Vehicle(s) market value	
Investments - Savings, CDs	
Retirement - IRA, 401(k)	
Cash Value Life Insurance	
Other	

TOTAL

Debts / Liabilities

Creditor	Item	Monthly Payment	Amount Past Due	Balance
TOTALS				

Spendable Monthly Income		Starting Date
Current	Future	
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Monthly Living Expenses

Housing - rent/mortgage	<input style="width: 100%;" type="text"/>
Insurance/Taxes	<input style="width: 100%;" type="text"/>
Groceries	<input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>
Electric / Gas	<input style="width: 100%;" type="text"/>
Water / Sewer / Trash	<input style="width: 100%;" type="text"/>
Cable/Satellite TV	<input style="width: 100%;" type="text"/>
Internet	<input style="width: 100%;" type="text"/>
Maintenance / Repairs	<input style="width: 100%;" type="text"/>
Childcare	<input style="width: 100%;" type="text"/>
Tuition	<input style="width: 100%;" type="text"/>
Pets	<input style="width: 100%;" type="text"/>
Transportation	<input style="width: 100%;" type="text"/>
Personal Care	<input style="width: 100%;" type="text"/>
Insurance vehicle	<input style="width: 100%;" type="text"/>
Medical	<input style="width: 100%;" type="text"/>
Credit Cards	<input style="width: 100%;" type="text"/>
Loans	<input style="width: 100%;" type="text"/>
Taxes	<input style="width: 100%;" type="text"/>
Charities - Church/Others	<input style="width: 100%;" type="text"/>
Savings	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>

Total Expenses

Support sought from family/friends

Support sought from Province/Federal Agencies

Support sought from other organizations

Yes/No
<input style="width: 100%;" type="text"/>
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Income/Expense Summary

	Present	Future
Income	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Difference	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Notes:

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Assessment:

Strengths:	
Needs:	

Recommendations:

Agreed Upon Plan

Follow Up Ministry - To Review and Discuss Progress

Planned Dates:	_____	Reported by:	_____
	_____	Responsibility:	_____

	_____	Jurisdiction:	_____