

7. Expenses (Per month)

Rent \$ _____
Lot Rent \$ _____
Gas \$ _____
Water \$ _____
Groceries \$ _____
Health Ins. \$ _____
Car Payment \$ _____
Gas for car \$ _____
Bank loans \$ _____
Credit Cards \$ _____

Mortgage \$ _____
Electric \$ _____
Sewer \$ _____
Trash Removal \$ _____
Phone/Cell \$ _____
Home Ins. \$ _____
Car Ins. \$ _____
Cable/Direct TV \$ _____
Internet \$ _____
Other \$ _____

8. Summary of situation: _____

9. How much do you have to put toward what you are asking for? _____

10. If you are requesting rental assistance, please list your Landlord's name and contact information below.

<p>FOR BERWICK AREA UNITED WAY STAFF ONLY:</p> <p>DATE DECISION WAS MADE: _____</p> <p>SUMMARY OF ASSISTANCE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ENTERED INTO EXCEL PROGRAM? YES OR NO</p>
