FINANCIAL DECLARATION

To qualify for a cost reduction, please complete the form in full. Program will not process aid if you claim $0 and without documentation to show hardship.

Full name: _____ Phone:_____

Address:_____City:_____ Zip:_____

Marital Status: ____Single ____ Married ____Separated ____ Divorced ____ Common law ___ Other

How many dependents: _____ Relationship/age:_____

**Employer's name:_____ Income per month: $_____

**Show 2 recent pay stubs. Send to: amsbip@gmail.com

Are you permanently unemployed? If yes, please explain why: _____

Are you actively (daily) seeking employment?:___Yes ___No. If not, tell us why?_____

Have you tried __Indeed __FB Market __ Craigslist __ Friends/family ___ Ask the group __ Ask probation

Amount per month: DO NOT CLAIM $0		**Amount per month:** DO NOT CLAIM $0	
Rent:	$_____	Unemployment:	$_____
Utilities:	$_____	Disability or Social :	$_____
Food:	$_____	Food Stamps/ CalFresh:	$_____
Child Support:	$_____	General relief:	$_____
Child care items:	$_____	Checking Account:	$_____
Cell phone bill:	$_____	Saving Account:	$_____
Car payment and car insurance:	$_____	Cash available to you:	$_____
Laundry:	$_____	Worker's Compensation:	$_____
Eating out/Entertainment:	$_____	Family/Spouse support	$_____
Cigarettes:	$_____	Other type of income:	$_____
TOTAL		TOTAL	

**If you are EMPLOYED or UNEMPLOYED, please send any copy of 2 pay stubs, current bank statement, letter from employer with letterhead, tax return, CalFresh - EBT, GR, shelter residency letter, unemployment benefits, SSI / Disability, Work compensation or family letter of financial support

I declare under penalty of perjury under the laws of the State of California that the information appearing on all pages of this form and any attached pages is true and correct.

Client signature: _____ Date:_____