

HOMER FUND FINANCIAL WORKSHEET

(Must be completed for all Direct Grant applications)

Associate Name: _____

Associate ID Number: _____ Store #: _____

*****NOTE: This IS NOT the Direct Grant application. This is part of the supporting documentation which must accompany the application. You must complete the application online at www.THDHomerFund.org/grants/direct_grant/eligibility.html.*****

The Homer Fund looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an associate's complete financial picture helps us to better understand and appreciate the associate's circumstances. Before receiving a grant, an associate must show that he or she can afford their bills going forward.

How many people live in the associate's household (including associate)? _____ Adult(s) _____ Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Your <u>MONTHLY</u> Household Income:	Gross Monthly Income	
Associate's Monthly Gross (Pre-tax) Pay	\$	
Spouse's Monthly Gross (Pre-tax) Pay	\$	
Contributions From Other Adults In Household	\$	
Child Support and Alimony Received	\$	
Disability Insurance	\$	
Social Security/Pension	\$	
Income from TANF or SNAP	\$	
Other Income	\$	
Total	\$	
<i>Amount dedicated to rent/mortgage (divide Total Monthly Income by 3)</i>	\$	
Your <u>MONTHLY</u> Debt Payment:		Monthly Debt
Car Loans		\$
Credit Cards		\$
Child Support/Alimony Paid (<u>DO NOT</u> list if automatically deducted from paycheck)		\$
Medical Bills (<i>monthly payments ONLY</i>)		\$
Other (<i>gasoline, auto insurance, church, etc.</i>)		\$
Total		\$
Your <u>MONTHLY</u> Living Expenses:	Monthly Expenses (full amount)	Monthly Expenses (Associate's share)
Current or Proposed Rent/Mortgage (<i>in designated field, provide associate's share if split with other household members</i>)	\$	\$
Utilities (<i>electricity, natural gas, water/sanitation</i>)	\$	\$
Homeowners association fees or property taxes (<i>if applicable</i>)	\$	\$
Food	\$	\$
Prescriptions /medical co-pays	\$	\$
Other (<i>cell phone, cable, daycare/tuition, clothing, etc.</i>)	\$	\$
Total	\$	\$

Your application IS NOT complete without our receipt of ALL relevant supporting documentation (i.e., copies of past due rent, mortgage or basic utilities). See our web site at www.THDHomerFund.org/grants/direct_grant/support_docs.html for a complete list of required documents.