



COS Kids
Application for Assistance

Date: _____

PERSONAL DATA

Name _____ **SSN** _____ **DOB** _____

Address _____ **City** _____ **St.** _____ **Zip** _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

E-mail: _____

Marital Status: Single() Married() Widowed() Separated() Divorced() **Since:** _____

Comments: _____

County/State of Birth: _____ **US Citizen?** Y () N () **Lived here** _____ **Yrs.**

Housing: Rent () Own/Mortgage () Live w/family () Live w/friends () Transitional () Gov't Subsidy ()

Homeless since _____ **Other** _____

Transportation: Lease/Own vehicle () **Model/Year** _____

Insurance Co. _____ **DL #** _____

Depend on: Public transportation () Friends () Family ()

HOUSEHOLD DATA

Resident	Relations	DOB	SSN	School/Employment	Contribute?
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1. _____

2. _____

3. _____

4. _____

5. _____

bedrooms _____ **Housing condition/repairs** _____

Languages spoken: _____

Children not in household: _____

Guardian/Relation/Address: _____

DSS Involvement? _____

SPIRITUAL STATUS

Church Affiliation:

_____ since: _____

Pastor's Name: _____ Phone # _____

Church assistant received? _____

Work History

(Please use current or most recent employer.)

Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

Position: _____ Full-Time () Part-Time () Rate of pay: _____

Number of years with employer? _____

If you have a second job, please fill out following information:

Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

Position: _____ Full-Time () Part-Time () Rate of pay: _____

Number of years with employer? _____

Financial Information

Monthly Income: (Total monthly wages/salary) _____

(Please attach a copy of most recent pay stub and last year's W-2 form)

Alimony: _____

Child Support: _____

Social Security Benefits: _____

Other: _____

Have you applied for a federal subsidy through Childcare Resources?

If approved by CCRI or other agencies What amount of monthly support are you receiving? _____

If no, please indicate your appointment date and the person with whom you spoke? _____

Total Monthly Income: _____

Monthly Budget for _____ Family

GROSS INCOME

Salary _____
Child Support _____
Food Stamps _____
Disability _____
Social Security _____
Unemployment _____
Other _____
• **TOTAL** _____

NET SPENDABLE INCOME

Taxes, FICA _____
Tithe/Offering _____
• **TOTAL** _____

EXPENSES

Mortgage/Rent _____
Insurance (home) _____
Taxes _____
Utilities _____
Gas (car) _____
Water _____
Sanitation _____
Telephone _____
Cell _____
Internet _____
Maintenance _____
Car Payment _____
Groceries _____
Other _____
• **TOTAL** _____

ENTERTAINMENT

Eating Out _____
Vacations _____
Cable TV _____
Activities (other tuitions) _____
Babysitting _____
Other _____
• **TOTAL** _____

MEDICAL

Doctor _____
Dentist _____
Medications _____
Other _____
TOTAL _____

INSURANCE

Life _____
Medical _____
Dental _____
Other _____
TOTAL _____

DEBTS

Loans _____
Credit Cards _____
Overdue Accts _____
Medical _____
Other _____
TOTAL _____

INCOME VS. EXPENSES

Net Spendable Income _____
Less Total Expenses _____
Unallocated Surplus _____