



WOMEN'S HEALTH FUND DISCLOSURE OF FINANCIAL STATUS

Name _____ Date _____

ASSETS

Monthly Wages: \$ _____ Cash on Hand: \$ _____ Checking Account Balance: \$ _____

Savings Account Balance: \$ _____ Other Income: \$ _____ (Child Support, etc.)

What were your total earnings last year: \$ _____ Spouse's? (if applicable) \$ _____

LIABILITIES

1. Amount of Hospital Bills: \$ _____ Name of Hospital _____

2. Amount of Other Medical Bills

\$ _____ Name of Clinic/Facility _____
\$ _____ Name of Clinic/Facility _____
\$ _____ Name of Clinic/Facility _____
\$ _____ Name of Clinic/Facility _____
\$ _____ Name of Clinic/Facility _____

3. Monthly Bills: Mortgage / Rent \$ _____ \$ _____ (Amount Overdue)
Home Owner/Renters Insurance \$ _____ \$ _____ (Amount Overdue)
Property Tax \$ _____ \$ _____ (Amount Overdue)
Day Care \$ _____ \$ _____ (Amount Overdue)
Telephone \$ _____ \$ _____ (Amount Overdue)
Cell Phone \$ _____ \$ _____ (Amount Overdue)
Gas / Utilities \$ _____ \$ _____ (Amount Overdue)
Electricity \$ _____ \$ _____ (Amount Overdue)
TV \$ _____ \$ _____ (Amount Overdue)
Internet \$ _____ \$ _____ (Amount Overdue)

4. Transportation: Car Payment \$ _____ \$ _____ (Year and Model)
Car Payment \$ _____ \$ _____ (Year and Model)
Car Payment \$ _____ \$ _____ (Year and Model)
Insurance \$ _____ \$ _____ (Amount Overdue)
Travel Expense \$ _____ \$ _____ (Amount Overdue)

5. Miscellaneous: Credit Card \$ _____ \$ _____ (Total Amount Due)
Credit Card \$ _____ \$ _____ (Total Amount Due)
Credit Card \$ _____ \$ _____ (Total Amount Due)
Loan Centers \$ _____ \$ _____ (Total Amount Due)
Student Loans \$ _____ \$ _____ (Total Amount Due)
Other Loans \$ _____ \$ _____ (Total Amount Due)
Other Loans \$ _____ \$ _____ (Total Amount Due)

Applicant Signature _____ Date: _____