

EQUI-VENTURE EQUESTRIAN CENTRE



HOUSEHOLD INCOME

Through our fundraising campaigns, program fees and donations, EQUI-VENTURE Equestrian Centre may be able to provide financial assistance to the individuals and families in our community who can benefit from our equestrian programs, club membership privileges, riding lessons, stable activities and/or camps, but are unable to meet the financial obligation. Consideration for such assistance is dependent upon timely and accurate completion of the application.

- **All information provided on the forms will remain strictly confidential.**
- **For any required copies that include social security numbers; please blacken out the numbers with a permanent marker.**

If you have any questions, please contact our financial coordinator at 443-898-2772.

Section I – Personal & Household Information

Applicant requesting assistance _____
Male ___ Female ___

Head of Household _____
Male ___ Female ___

Address _____
City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Please list the name and date of birth for all individuals living in the same household who share living expenses (including yourself, spouse/significant other, children, etc.)

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is anyone in the household disabled? Y or N

Is anyone in the household serving in the military? Y or N

Is anyone in the household a police officer? Y or N

Is anyone in the household a firefighter? Y or N

Is this a single parent household, with no income provided by a significant other? Y or N

Is the applicant in foster care? Y or N

Does the applicant attend school? Y or N If so, name of school? _____

Grade? _____ If so, what is the grade point average? _____

If applicant is a minor, is the applicant employed? Y or N If so, Full time or Part Time? _____

Place of employment? _____ How long employed? _____

Does the applicant perform any community service or volunteer work? Y or N

If so, where? _____ How long? _____

Person and phone number to contact: _____

Section II – Household Income

Income Assessment – Please complete the following in full.

- Monthly Gross Salary of Head of Household \$ _____
- Monthly Gross Salary of Spouse/Significant Other \$ _____
- Monthly Gross Salary of other Adults in Household \$ _____
- Monthly Child Support (if applicable) \$ _____
- Monthly Alimony (If applicable) \$ _____
- Other Income (SSI, Medical, other benefits) \$ _____
- TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

Section III – Household Expenses

Expense Assessment – Please complete the Household Expenses Worksheet and then complete the following in full.

- Monthly Housing Expenses \$ _____
- Monthly Auto Expenses \$ _____
- Monthly Debt or Creditor Expenses \$ _____
- Monthly Miscellaneous Expenses \$ _____
- TOTAL MONTHLY HOUSEHOLD EXPENSES \$ _____

Section IV

Please be able to supply the following documentation:

- Copies of the last three pay stubs from all adults living in household
- Copy of first page prior year 1040 or 1040ez.
- Copy of Social Security, Medicare and/or Welfare Benefits information (if applicable)
- Copy of letter of verification of child support or attempt to receive support (if applicable)
- Copy of letter of denial from Department of Social Services for Child Care Assistance (if applicable)

Section V – Important Information for Applicants

You will be ineligible/terminated for financial assistance funds for:

- Failure to return completed application and required documentation
- Carrying a past due bill at EQUI-VENTURE EQUESTRIAN CENTRE
- Failure to report any change(s) in financial or work status
- Present more than one check returned for insufficient funds
- Falsifying information on Financial Application
- Failure to provide required paperwork from government subsidized programs
- Abuse of service

Applicants will be notified in 1 week. A personal interview may be required.

I have read and understand the application and verify that all of the information provided is accurate.

Signature of Applicant

Date

EQUI-VENTURE EQUESTRIAN CENTRE

APPLICANT'S NAME: _____ DATE: _____

HOUSE HOLD EXPENSES WORKSHEET

INCOME		
TOTAL MONTHLY GROSS INCOME		\$
<i>minus Taxes, Health Ins., & other Payroll Deductions</i>	\$	
<i>minus Savings, 401K, etc.</i>	\$	
= TOTAL MONTHLY SPENDABLE INCOME		\$
HOUSING EXPENSES		
<i>Rent or Mortgage(s)</i>		
<i>Homeowners or Renters Insurance (set \$ aside each month if paid annually)</i>	\$	
<i>Home Repairs & Maintenance (set \$ aside for future expenses)</i>	\$	
<i>Taxes (set \$ aside if paid annually)</i>	\$	
<i>Telephone</i>	\$	
<i>Cell Phone</i>	\$	
<i>Cable or Satellite</i>	\$	
<i>Internet Service</i>	\$	
<i>Gas & Electric</i>	\$	
<i>Water / Sewer</i>	\$	
<i>Trash Pick up</i>	\$	
<i>Other Utility</i>	\$	
<i>Any other House related Expenses</i>	\$	
AUTO EXPENSES		
<i>Auto Payment #1</i>	\$	
<i>Auto Payment #2</i>	\$	
<i>Other Vehicle or RV Payment(s)</i>	\$	
<i>Gas</i>	\$	
<i>Insurance (set \$ aside if paid annually)</i>	\$	
<i>Auto Maintenance & Repairs (set \$ aside for future expenses)</i>	\$	
<i>Any other Auto related Expenses</i>	\$	
DEBT or CREDITOR EXPENSES		
<i>Creditor #1</i>	\$	
<i>Creditor #2</i>	\$	
<i>Creditor #3</i>	\$	
<i>Creditor #4</i>	\$	
<i>Other Creditor(s)</i>	\$	
MISCELLANEOUS EXPENSES		
<i>Insurance(s) Health, Life,, etc.</i>	\$	
<i>Church Tithes & Offerings</i>	\$	
<i>Other Charitable Contributions</i>	\$	
<i>Groceries, Lunches, Meals Out</i>	\$	
<i>Childcare</i>	\$	
<i>School Tuition/Supplies</i>	\$	
<i>Medical Bills and CoPays</i>	\$	
<i>Prescription Medicines</i>	\$	
<i>Pet Supplies & Vet Exams</i>	\$	
<i>Club Dues (Homeowner's Assoc., Fitness, etc...)</i>	\$	
<i>Newspaper, Magazine Subscriptions</i>	\$	
<i>Clothing</i>	\$	
<i>Haircuts</i>	\$	
<i>Gifts</i>	\$	
<i>Cash</i>	\$	
<i>Other (continue on back if needed)</i>	\$	
= TOTAL MONTHLY EXPENSES		\$
MONTHLY SURPLUS or SHORTAGE		
<i>Total Spendable Income minus Total Monthly Expenses</i>		\$