**FORT WORTH POLICE BENEVOLENT ASSOCIATION**

Request For Financial Assistance Application This form must be completed and returned to the FWPBA secretary accompanied by your last two baking statements.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_ Assignment: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_

Zip Code: \_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting financial assistance from the FWPBA to pay necessary bills because of financial difficulties brought about by the following events. The following summary explains the reason for my request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Statement**

1. **Income $ Amount**

(Use the total monthly figures for each category)

1. Officers gross income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Spouses gross income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other gross income (all forms including interest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total gross income** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Deductions $ Amount**

(Use total monthly figures for each category)

**Officer**

1. Federal Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Other Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Miscellaneous (Dues, United Way, Etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Loans (not declared in another section) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse**

1. Federal Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Other Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Miscellaneous (Dues, United Way, Etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Loans (not declared in another section) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Deductions** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Statement Continued**

1. **Cash Assets $ Amount**

(Include all accounts controlled by you and or your spouse)

1. Total of all checking accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total of all savings accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total of all CD’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total of all IRA’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Total of all other retirement accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total cash assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Monthly Expenses $ Amount**

(Use total monthly figures for each category)

**Home**

1. Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tax (not included in mortgage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Insurance (not included in mortgage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Property**

1. Mortgage/Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Utilities**

1. Electric \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Water \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicles (# of vehicles \_\_\_)**

1. Loan payments (total monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Insurance (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance**

1. Life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Health/Accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Medical (if not declared already) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous**

1. Groceries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Clothing/cleaning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Child support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ Amount**

1. Credit cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Medical/prescriptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Credit cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Bills for which aid is being requested: $ Amount**

(Name and description)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total of bills for which aid is being requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**