FORT WORTH POLICE BENEVOLENT ASSOCIATION

REQUEST FOR FINANCIAL ASSISTANCE

APLICATION

This form must be completed and returned to the Fort Worth Police Benevolent Association Secretary /Treasurer, accompanied by your last pay stub (showing membership dues paid) and last two months bank statements, for ALL accounts.

Date: _____

Name: _____ ID# _____

Address: _____ City: _____

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.

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Signature: _____

Fort Worth Police Benevolent Association
Request for Financial Assistance
Application

Financial Statement

I.	<u>**Income**</u>	**$ 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	_____

II.	<u>**Deductions**</u>	**$ 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	_____

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Financial Statement- Continued

III.   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   _____

3.   Total of all IRA's   _____

4.   Total of all other retirement accounts _____

         Total cash assets   _____

IV.   <u>Monthly Expenses</u>   **$ 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   _____

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$ Amount

     3.   Child support   _____

     4.   Credit cards   _____

     5.   Doctor   _____

     6.   Hospital   _____

     7.   Medical/prescriptions   _____

     8.   Credit cards   _____

     9.   Other   _____

V.   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   _____

DO NOT SEND BY CITY OF FORT WORTH EMAIL AS SUBJECT TO OPEN RECORD!