

FINANCIAL CONTRIBUTION STATEMENT

In order to determine the eligibility of _____ for assistance, we need to know of any contributions you make to him/her on a regular basis. Please answer the following questions and return the form immediately to Better Health. If you have any questions about this form, please call 910-483-7534.

Monthly contributions for the following items:	Amount of cash you give client	Amount you pay for bills directly to company
1. Support or alimony	\$ _____	\$ _____
2. Food	\$ _____	\$ _____
3. Clothing	\$ _____	\$ _____
4. Rent or mortgage payments	\$ _____	\$ _____
5. Electricity	\$ _____	\$ _____
6. Oil	\$ _____	\$ _____
7. Gas (for heating or cooking)	\$ _____	\$ _____
8. Property taxes	\$ _____	\$ _____
9. Telephone	\$ _____	\$ _____
10. Water	\$ _____	\$ _____
11. Garbage	\$ _____	\$ _____
12. Other _____	\$ _____	\$ _____
13. Personal loan	\$ _____	\$ _____

Please list date you started making the above contributions: _____

Do you plan to continue making the above contributions on a monthly basis? Yes ____ No ____

Do you know of anyone else who contributes in any way to this person? Yes ____ No ____

If yes, please give names and addresses _____

Date: _____ Signature _____

Print name and relationship to client: _____

Please list your address: _____

Your phone number: _____