





**WHAT IMMEDIATE STEPS CAN YOU TAKE TO IMPROVE YOUR FINANCIAL SITUATION?**

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**PLEASE DESCRIBE YOUR LONG TERM PLAN TO ACHIEVE FINANCIAL STABILITY:**

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**PERSONAL FINANCIAL INFORMATION: PLEASE COMPLETE THE FOLLOWING**

<b>ASSETS</b>	<b>DEBTS/OBLIGATIONS</b>	<b>MO. PAYMENT</b>
Cash in bank: \$ _____	Credit card balances: \$ _____	\$ _____
Stocks/bonds: \$ _____	Stock loans: \$ _____	\$ _____
Cash value of Life Insurance: \$ _____	Life insurance loans: \$ _____	\$ _____
Real Estate:		
Residence: \$ _____	Mortgage balance: \$ _____	\$ _____
Rentals: \$ _____	Mortgage balance: \$ _____	\$ _____
Other: \$ _____	Mortgage balance: \$ _____	\$ _____
Automobiles: (year/make)		
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
List Retirement accounts and amount in each:		
IRAs: \$ _____	Loans against	
401K: \$ _____	Retirement funds: \$ _____	\$ _____
Pension: \$ _____		
Other: \$ _____		

**GROSS MONTHLY INCOME**

Applicant Salary (After Taxes) \$ \_\_\_\_\_

Spouse Salary (After Taxes) \$ \_\_\_\_\_

Social Security Payments: \$ \_\_\_\_\_

Spouse Social Security Payments: \$ \_\_\_\_\_

Portion of rent paid by others: \$ \_\_\_\_\_

Other household income: \$ \_\_\_\_\_  
(detail below)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Alimony / Child Support or maintenance: \$ \_\_\_\_\_

**MONTHLY EXPENSES**

Mortgage or rent: \$ \_\_\_\_\_

Homeowners' dues: \$ \_\_\_\_\_

Medical Insurance: \$ \_\_\_\_\_

Other Insurance: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Medical Bills: \$ \_\_\_\_\_

Prescriptions: \$ \_\_\_\_\_

Childcare: \$ \_\_\_\_\_

Alimony / Child Support or maintenance: \$ \_\_\_\_\_

**WAIVER OF LEGAL RIGHTS**  
**Release of Confidential Information**

Applicant signature(s) at the bottom of this document constitute permission for Swift Eagle Charitable Foundation or any of its members to gather information deemed appropriate by the Foundation. This information includes, but is not limited to, financial, medical, employment, housing, public assistance, or any other information needed by the Fund for maintenance of its non-profit purposes.

The Applicant(s) allow Swift Eagle to contact any individuals or entities to verify the validity of any representations made by the applicant(s).

The signature(s) serve to release Swift Eagle from any subsequent liability for gathering information heretofore confidential.

Dated: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

**IN ORDER TO PROCESS YOUR APPLICATION PLEASE INCLUDE THE FOLLOWING PAPERWORK:**

- A copy of your lease or mortgage statement.
- Two months' checking account bank statements.
- Any other applicable bills for which you're requesting assistance.

\* We don't assist with medical bills but, if a medical situation is the cause of a financial crisis, include documentation of your situation.