

APPLICATION FOR ASSISTANCE FORM
NACTT FOUNDATION

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Telephone: _____

Chapter 13 Trustee employed by: _____

Are you currently working and receiving a pay check from the Trustee? _____

What disaster has prompted your request for assistance? _____

How much are you requesting? _____

What do you plan to use the funds for? _____

List the damage and details of your loss. _____

Where are you living during the disaster? _____

Have you applied to receive FEMA benefits? _____

If so, have you received FEMA benefits? _____ If yes, how much _____

Have you applied to receive insurance proceeds? _____

If so, have you received insurance proceeds? _____ If yes, how much _____

Have you applied for any other relief type assistance? _____

(For example, Red Cross, Salvation Army, Church, etc)

If so, have you received any other assistance? _____ If yes, how much _____

FINANCIAL INFORMATION

Marital Status: _____

Number of Dependents: _____ Ages of Dependents: _____

Position in Trustee's Office: _____

Are you paid hourly or salaried? _____

Do you have funds available in your bank account? _____ If yes, how much? _____

What do you plan on doing with these funds? _____

Will you or your spouse have wages during the disaster? _____

MONTHLY INCOME:

	Yourself	Spouse/ Significant other living with you
1. Monthly gross wages, salary, and commissions	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify):	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to you for your use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ _____	\$ _____

MONTHLY EXPENSES

- 1. Rent or home mortgage payment (include lot rented for mobile home) 1. \$ _____
 - a. Are real estate taxes included? Yes _____ No _____
 - b. Is property insurance included? Yes _____ No _____
- 2. Utilities:
 - a. Electricity and heating fuel 2a. \$ _____
 - b. Water and sewer 2b. \$ _____
 - c. Telephone 2c. \$ _____
 - d. Other(Specify) _____ 2d. \$ _____
- 3. Home maintenance (repairs and upkeep) 3. \$ _____
- 4. Food 4. \$ _____
- 5. Clothing 5. \$ _____
- 6. Laundry and dry cleaning 6. \$ _____
- 7. Medical and dental expenses 7. \$ _____
- 8. Transportation (not including car payments) 8. \$ _____
- 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. \$ _____
- 10. Charitable contributions 10. \$ _____
- 11. Insurance (not deducted from wages or included in home mortgage payments)
 - a. Homeowner's or renter's 11a. \$ _____
 - b. Life 11b. \$ _____
 - c. Health 11c. \$ _____
 - d. Auto 11d. \$ _____
 - e. Other _____ 11e. \$ _____
- 12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ 12. \$ _____
- 13. Installment payments:
 - a. Auto 13a. \$ _____
 - b. Other _____ 13b. \$ _____
 - c. Other _____ 13c. \$ _____
- 14. Alimony, maintenance, and support paid to others 14. \$ _____
- 15. Payments for support of additional dependents not living at your home 15. \$ _____
- 16. Regular expenses from operation of business, profession, or farm
(Attach detailed statement) 16. \$ _____
- 17. Other _____ 17. \$ _____
- 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17) 18. \$ _____

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: _____

- 20. STATEMENT OF MONTHLY NET INCOME
 - a. Average monthly income from Line 16 of Monthly Income 20a. \$ _____
 - b. Average monthly expenses from Line 18 of Monthly Expenses 20b. \$ _____
 - c. Monthly net income (a. minus b.) 20c. \$ _____