

Chasdei Eliyahu
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Wynnewood, PA 19096
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www.chasdeieliyahu.org

Number _____

Date: _____

Referred by: _____

**Chasdei Eliyahu
Application for Assistance**

Name: _____

Address: _____

Telephone Number: _____

Email address: _____

List the names and ages of family members who need our assistance:

Name:	Age	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain the situation that is causing you to need assistance from Chasdei Eliyahu:

How long do you estimate you will need our services and what sort of services you are looking for:

Synagogue affiliation if any: _____

Please include your household's IRS 1040 tax return, Social security benefits letter or W-2's for last year.

With G-D's help, you will not need assistance for long. When you are able, please help us help others in need.

Chasdei Eliyahu Monthly Income and Expense Worksheet

BS"D

INCOME

List each employed family member. Monthly Income:

1) _____
 2) _____
 3) _____

Unemployment Insurance: _____
 General Public Assistance: _____
 Social Security Retirement: _____
 Social Security Disability/SSI: _____
 Income from rent or board: _____
 Other disability benefits: _____
 TANF: _____
 SNAP: _____
 Child Support: _____
 Alimony: _____
 Pension: _____
 Help from family: _____
 Interest income: _____
 Worker's Comp: _____
 Other income or assistance: _____
 (please be specific) _____

Total monthly income from all sources: _____

Savings: _____

EXPENSE

Monthly Expense:

Rent or Mortgage: _____
 Property taxes: _____
 Condo/Housing fees: _____
 Home equity/2nd mortgage: _____
 Homeowners/renters insurance: _____
 Electricity: _____
 Natural Gas/Heating Oil: _____
 Cell phone: _____
 Telephone: _____
 Cable/Internet: _____
 Water/sewer: _____
 Auto payments: _____
 Gas/maintenance: _____
 Auto insurance: _____
 Public transportation: _____
 Dental expenses: _____
 Student Loan payment: _____
 School tuition: _____
 Medical insurance: _____
 Copays: _____
 Medical bills: _____
 Over the counter supplies: _____
 Food: _____
 Child Care: _____
 Household incidentals: _____
 Clothing: _____
 Entertainment: _____
 Synagogue or other memberships: _____
 Credit card payments: _____
 Other: (specify) _____

Total monthly expenses: _____

Credit card debt: _____
 Other debt: _____
 Total debt: _____

DIFFERENCE INCOME - EXPENSES: _____

Comments about your finances:

By placing my name below on this form, I am stating the above is true.

Signature _____ Date _____