

Financial Application (Page 1)
Sauk County Children's Giving Tree
 PO Box 70, Baraboo, WI, 53913
 (608) 963-3304

Last Name _____ First Name _____ Middle Initial _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____ County _____

Check whichever applies: Rent Own Live with Parents/Family Motel Homeless

HOUSEHOLD INFORMATION: My household consists of myself and _____ others:

Full Name of All Adults	Relationship to You	Date of Birth	Age	Employer (if employed, otherwise list "none")
Self	Self			

Full Name of All Children	Relationship to You	Date of Birth	Age	Grade	Live with You Full or Part Time?

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Sources of Income (Check All That Apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Social Security | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> W-2 (Welfare) | <input type="checkbox"/> Family Assistance |
| <input type="checkbox"/> Unemployment Comp. | <input type="checkbox"/> Disability | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Energy Assistance |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Medical Asst/Badger Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Per Cap – Tribal Member | |

Will you allow the Sauk County Children's Giving Tree access to confidential information? Yes or No

I certify that the information I have provided is accurate to the best of my knowledge. I understand that the information will be used to determine my eligibility for assistance. If I have knowingly provided false information, I will not be eligible. I hereby authorize the release of necessary information from any source for verification of this information.

Signature

Date

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Name: _____

Date: _____

Monthly Income:	Self	Partner/Spouse
Wages/Salary (take home)	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Food Stamps	\$	\$
Per Cap – Tribal	\$	\$
SSI/Disability	\$	\$
Receiving Child Support	\$	\$
Workman's Comp/Unemployment	\$	\$
Pension/Other	\$	\$
Total Income:	\$	\$

Monthly Expenses:	Monthly Payment:	Comments:
Rent/Mortgage	\$	
Property Taxes (may need to divide by 12)	\$	
Utilities – Water (divide amount by 3)	\$	
Utilities – Electric/Gas	\$	
Heat – LP/Oil (how often you refill?)	\$	
Phone/Cell Phone	\$	
Car Payment	\$	
Gas for Vehicle	\$	
Car Insurance	\$	
Renter/Homeowner Insurance	\$	
Health Insurance	\$	
Prescription Drug Expenses	\$	
Groceries (including food stamps)	\$	
Misc Hygiene (haircuts, etc)	\$	
Paying Alimony/Child Support	\$	
Child Care Expenses	\$	
Cigarettes/Alcohol	\$	
Internet	\$	
Cable/Satellite	\$	
Credit Cards	\$	
Other:	\$	
Total Expenses:	\$	

Total Income: \$ **Minus(-) Total Expense: \$** **= Amount Left: \$**