

## Discover Fitness Foundation - Financial Need Worksheet

*Include a copy of the last paycheck stub(s) for each adult.*

Name of Head of Household: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **INCOME STATEMENT**

- 1) I currently work as a \_\_\_\_\_ at \_\_\_\_\_.  
(Job Position) (Company Name)
- 2) My currently monthly income is approximately \$\_\_\_\_\_.
- 3) My spouse's monthly income is approximately \$\_\_\_\_\_.
- 4) Other income received per month \$\_\_\_\_\_ Source: \_\_\_\_\_  
\$\_\_\_\_\_ Source: \_\_\_\_\_
- 5) Number of people in the household: \_\_\_\_\_  
Ages: \_\_\_\_\_

### **HARDSHIP STATEMENT**

I cannot pay program fees due to the following hardships:

- Medical issues (please explain): \_\_\_\_\_
- Single parent
- Recent Job Loss (please explain): \_\_\_\_\_
- Educational expenses (please explain): \_\_\_\_\_
- Fixed income (please explain): \_\_\_\_\_
- Other: \_\_\_\_\_

Monthly Expenses:

Rent: \$ _____	Education Expenses: \$ _____
Food: \$ _____	Gas for Car: \$ _____
Utilities: \$ _____	Childcare: \$ _____
Medical Expenses: \$ _____	Loan Payments: \$ _____
Car Insurance: \$ _____	Other: \$ _____
Expenses for other family members: \$ _____	<b>Total:</b> \$ _____

The above information is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date