

Attachment 2



Amador-Tuolumne Community Action Agency

Amador Lifeline
935 S. State Hwy 49, Jackson, CA 95642
(209)223-1485, ext 232 Fax: (209) 223-4178

FINANCIAL ASSISTANCE APPLICATION

Name _____

Address _____

Phone: Home: _____ Cell: _____

Monthly Income _____ Spouse's _____ Total Income _____

Please check the following documents that provide verification of income:

- Medicare/Social Security benefits
- Retirement benefits
- Income Tax Return
- Other income documents – please list _____

Please check the following documents that prove your identity:

- DMV License /ID card
- Debit/Credit Card with picture
- Social Security card
- Other identification documents – please list _____

Please include a copy of your income documents only with your completed application. All applications will be reviewed yearly for any income and expense changes.

I hereby certify the information given above is true and accurate to the best of my ability:

Signature Date

OFFICE ONLY	
Installation Fee _____	Monthly Fee _____
Approved _____	Date _____

**ACF-AMADOR LIFELINE BUDGET WORKSHEET
SLIDING SCALE PROGRAM**

Please complete with Amador Lifeline Staff (estimate only)

Monthly Income

SSI	\$ _____
Retirement	\$ _____
Medicare	\$ _____
Other _____	\$ _____
Total Cash Available	\$ _____

Monthly Expenses

Rent/House Payment	\$ _____
Medical Expenses	\$ _____
Heat/Propane	\$ _____
Lights/Electricity	\$ _____
Water	\$ _____
Credit Card Payments	\$ _____
Groceries	\$ _____
Telephone/Cell	\$ _____
Car Payment	\$ _____
Gasoline	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses Monthly	\$ _____

Total Monthly Expenses	\$ _____
Minus Monthly Income	\$ _____
Total Remaining	\$ _____
