

ABBA HOUSE FINANCIAL QUESTIONNAIRE

CLIENT - Name	Social Security Number	Birth Date	Marital Status
Home Address - City, State, Zip Code		Home Telephone No.	

CLIENT'S FAMILY - List only family members who are dependant on family income

<u>Relationship to client</u>	<u>Name</u>	<u>Birth Date</u>	<u>Address and Telephone</u>
Spouse of client			
Mother of client			
Father of client			
Other relative to client			

Dependants

A child is a dependant if one of the following is true about the child:

1. The child is under age 18
2. The child is a full-time student under age 25 and parent provdies at least 1/2 support
3. The child meets some other IRS standard as a dependant

<u>Client No. and Sex</u> (circle)	<u>Name</u>	<u>Birth Date</u>	<u>Address (if different from clients)</u>
1. Male Female			
2. Male Female			
3. Male Female			
4. Male Female			
5. Male Female			

Medical Insurance Insurance Type Client is Covered Under Hospital Insurance Group Insurance HMO	1. Insurance Company - Name and Address
Policy Number	If client has group insurance provide Employers Name/Address
Medical Insurance Insurance Type Client is Covered Under Hospital Insurance Group Insurance HMO	2. Insurance Company - Name and Address
Policy Number	If client has group insurance provide Employers Name/Address

INCOME

If you do not wish to complete this page, you must submit a copy of your most recent State tax return including all Federal Schedules

A. INCOME FROM EMPLOYMENT. List earnings of the persons named on Page 1. If a child is a full-time student, omit the child's income from employment or self-employment.

Person	Name	Employer Name, Address, and Telephone Number	Gross Pay	Net Pay	Pay Period Code	Pay Deductions Besides Social Security & Taxes
Client						
Spouse of Client						
Mother of Client						
Father of Client						
Stepparent						
Child not in school						
Child not in school						

Pay Period Codes: (A) Weekly; (B) Bi-Weekly; (C) Twice/month; (D) Monthly

B. INCOME FROM SELF-EMPLOYMENT

- Show annual amounts
- To do this section, refer to your most recent tax returns and records.

Owners	Net Taxable Income	Depreciation Claimed	Principal Paid on Depreciated Business or Property	Wages Paid of Family Members on This Form

C. INCOME FROM RENT, PARTNERSHIPS AND S-TYPE CORPORATIONS NOT REPORTED IN SECTION B ABOVE

- Show annual amounts
- To do the section, refer to your most recent tax returns and records.

Owners	Net Taxable Income	Depreciation Claimed	Principal Paid on Depreciated Business or Property	Wages Paid of Family Members on This Form

D. OTHER INCOME RECEIVED MONTHLY BY FAMILY MEMBERS. Enter monthly income amounts received by family members. If income is irregular, show average monthly amounts over past 12 months.

Income Type	Client	Spouse of Client	Mother	Stepparent	Minor Children
Social Security					
Veterans Pension					
Pensions					
Annuities					
Supplemental Security Income					
Interest					
Dividends					
Family Support					
Alimony					
Child Support					
Unemployment Compensation					
Worker's Compensation					
AFDC					
Other					
Other					

FAMILY EXPENSES

Item	Monthly Payment	Item	Monthly Payment
Rent		Union or professional dues	
Home Mortgage (see Page 2)		Employment expenses	
Real Estate Tax - not paid with mortgage		Medical	
Heat: Gas/Oil Bills		Health Expenses	
Electricity		Dental Expenses	
Water/Sewer		Day Care Expenses	
Telephone		School Expenses	
Homeowner's/Renter's Insurance		Court Ordered Payments	
Food or items from grocery store		Payer	Type
Meals purchased away from home			Amount
Clothing purchases and care costs			
Automobile: Gas and Oil			
Upkeep and repairs			
Insurance		Total Monthly Payments Other Than Home Mortgage	
Bus Fare		Other Expenses - Specify	
Other Transportation Costs			
Life Insurance			
Health and Accident Insurance			

I understand that the statements made in this application must be and are to the best of my knowledge, true and correct. I also understand these statements must be verified.

Signature

Date Signed