

Los Angeles Retired Fire & Police Benevolent Association, Inc.
Financial Assistance Request
Income & Expense Declaration

Member's Name	Member's Address
Member's Date of Birth	Member's Telephone
LAPD/LAFD Employment/ Retirement Dates	Member's Social Security Number
<i>Describe your situation and the <u>AMOUNT OF FINANCIAL ASSISTANCE REQUESTED</u></i> <i>(attach copies verifying the need if necessary):</i>	

Income Declaration- Monthly

1. Gross Monthly LAPD/LAFD Pension Please Identify if your pension is Service or Disability	1. _____
2. List all other monthly income _____ a: _____ b: _____ c: _____ d: _____	2. _____ a. _____ b. _____ c. _____ d. _____
3. Total Gross Monthly Income	3. _____

Expense Declaration- Monthly

(Identify Creditors)	
1. Home Payment or Rent _____ a: Time Share or another rental - please specify: _____	1. _____ a. _____
2. Vehicle or Boat Payment: _____ a: Specify: _____	2. _____ a. _____
3. Credit Union or Personal Loan _____ a: Specify: _____	3. _____ a. _____
4. Credit Card payments _____ a: Card name _____ b: Card name _____ c: Card name _____ d: Card name _____	4. _____ a. _____ b. _____ c. _____ d. _____
5. Nursing care or childcare: _____ a. _____	5. _____ a. _____
6. Utility Bills (Gas, Electric Water) _____ a: Utility: _____ b: Utility: _____	6. _____ a. _____ b. _____

7. Household Expenses (Food, Phone, Cable, Internet, Etc.): _____ a: Specify: _____ b: Specify: _____ c: Specify _____ d: Specify: _____ e: Specify: _____ f: Specify: _____	7. _____ a. _____ b. _____ c. _____ d. _____ e. _____ f. _____
8. Vehicle (Gasoline, Repairs, Etc.) _____ a: Specify: _____ b: Specify: _____	8. _____ a. _____ b. _____
9. Vehicle Insurance _____ a. Vehicle 2: _____ b. Vehicle 3: _____	9. _____ a. _____ b. _____
10. Homeowner/ Fire Insurance _____	10. _____
11. Medical Insurance: _____ a. Dental Insurance: _____ b. Specify: _____ c: Specify: _____	11. _____ a. _____ b. _____ c. _____
12. County Property Tax Assessment: _____	12. _____
13. Other (Please Specify) _____ a: Specify: _____ b: Specify: _____	13. _____ a. _____ b. _____
14. Total Monthly Expense (Lines 1 through 13)	14. _____
15. Total Federal Income Taxes Paid Last Year _____ a. Total State Income Taxes Paid Last Year _____	15. _____ a. _____
Member's Assets-Present Market Value	
16. Real Estate (Home, timeshare, etc.) _____ a: Specify: _____	16. _____ a. _____
17. Vehicle (trucks, campers, boats, rec. equip. make & year) _____ a. Specify: _____ b. Specify: _____ c. Specify: _____	17. _____ a. _____ b. _____ c. _____
18. Bank or S&L Checking & Savings Accounts (name & amount) _____	18 _____

a. Specify: _____ b. Specify: _____	a. _____ b. _____
19. Stocks, bonds, trusts, annuities, etc. (name, amounts) a. Specify: _____ b. Specify: _____	19. _____ a. _____ b. _____
20. Other (Identify by name) _____ a. Specify: _____	20. _____ a. _____

Please note: If there is any other information not listed on this Request for Assistance from which you feel is pertinent to the member's welfare, attach separate sheets explaining that information.

I DECLARE UNDER PENALTY OF PURJURY, THAT THE FORGOING AND ANY ATTACHED INFORMATION RELATIVE TO ASSOCIATION MEMBER (please print) _____ REQUEST FOR ASSISTANCE IS TRUE AND CORRECT.

Signature of Declarant

Signature of Person Preparing

Date

Date