



Positive Strides, Inc.
P.O. Box 391 Easton, Maryland 21601

Voluntary Financial Assistance Application

Client Name _____ Date _____

Applicant Name(s) _____

Address _____ County _____

Marital status _____

Home Phone _____ Cell Phone _____

Employed by _____ How long? _____
Position _____ Wage _____

Number of Dependents _____ Type of Car Owned _____

Please list all others in household who earn any income:

_____ Wage _____
_____ Wage _____
_____ Wage _____

Please list all other sources of income:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Monthly household expenses:

Rent/Mortgage _____ Food _____ Utilities _____
Car _____ Insurance _____ Medical _____
Pets _____

Other monthly expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____

