



644 SHREWSBURY COMMONS AVENUE
 #261
 SHREWSBURY, PA 17361

FAMILIES RENEWED, INC.

TOLL FREE: 866-7-HELP-ME
 866-743-5763
 LOCAL: 717-428-3140
 FAX: 866-312-9768

FINANCIAL ASSISTANCE REQUEST

CLIENT INFORMATION

| | | | |
|-------------------------------|-----------------------------------|-------------------------------|-----------------------------------|
| Client 1 Name | | Client 2 Name | |
| Street Address | | Street Address | |
| City, State Zip Code | | City, State Zip Code | |
| Social Security Number | Date of Birth (mm/dd/yyyy) | Social Security Number | Date of Birth (mm/dd/yyyy) |
| Home Phone | Cell Phone | Home Phone | Cell Phone |
| Employer Name | | Employer Name | |
| Employer Address | | Employer Address | |
| Employer City, State Zip Code | | Employer City, State Zip Code | |
| Employer Phone | May We Contact Your Employer? Y N | Employer Phone | May We Contact Your Employer? Y N |

DEPENDENT INFORMATION

| | | | | |
|----------------|-----|---------------|---------------|------------------|
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |
| Dependent Name | Age | Date of Birth | Gender M F | Employed? Y N |

MONTHLY INCOME AND EXPENSES

| Gross Monthly Income | Client 1 | Client 2 | Combined Monthly Expenses | Monthly Amount |
|------------------------|-----------|-----------|--------------------------------|----------------|
| Base Employment Income | \$ | \$ | Rent | \$ |
| Overtime | \$ | \$ | First Mortgage (P&I) | \$ |
| Bonuses | \$ | \$ | Other Financing (P&I) | \$ |
| Commissions | \$ | \$ | Homeowners / Renters Insurance | \$ |
| Dividends Interest | \$ | \$ | Real Estate Taxes | \$ |
| Net Rental Income | \$ | \$ | Electricity | \$ |
| Other - Please Specify | \$ | \$ | Heating Oil | \$ |
| Other - Please Specify | \$ | \$ | Heating or Cooking Gas | \$ |
| Other - Please Specify | \$ | \$ | Telephone | \$ |
| Other - Please Specify | \$ | \$ | Internet | \$ |
| Other - Please Specify | \$ | \$ | Cable TV | \$ |
| Other - Please Specify | \$ | \$ | Automobile | \$ |
| Other - Please Specify | \$ | \$ | Auto Insurance | \$ |
| Other - Please Specify | \$ | \$ | Automobile Fuel | \$ |
| Other - Please Specify | \$ | \$ | Food | \$ |
| Other - Please Specify | \$ | \$ | Other - Please Specify | \$ |
| Other - Please Specify | \$ | \$ | Other - Please Specify | \$ |
| Other - Please Specify | \$ | \$ | Other - Please Specify | \$ |
| Other - Please Specify | \$ | \$ | Other - Please Specify | \$ |
| Other - Please Specify | \$ | \$ | Other - Please Specify | \$ |
| Total | \$ | \$ | Total | \$ |

| | |
|--|-----------|
| Total Combined Income Client 1 + Client 2: | \$ |
| Total Combined Expenses: | - \$ |
| Net Income (loss): | \$ |

ASSETS & LIABILITIES

| Asset (Things You Own) | Value | Liability (Loans) | Amount |
|------------------------|-------|-------------------|--------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total | \$ | Total | \$ |

| | |
|--------------------|-----------|
| Total Assets: | \$ |
| Total Liabilities: | - \$ |
| Net Worth: | \$ |



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THIRD PARTY AUTHORIZATION FOR MORTGAGEES

Gentlemen:

I give my permission for you to release any and all information to the Families Renewed, Inc. that they may require regarding my property located at:

including any discussion of my loan, loan balance(s), payoff(s), any credit transaction, reinstatement, loan transfer, or loan inquiry. This document may be reproduced as required to acquire references from more than one source. This permission shall expire and be rescinded at midnight on _____.

Lender: _____

Loan Number: _____

Sincerely,

Borrower

Social Security Number

Date

Co-Borrower

Social Security Number

Date



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THIRD PARTY AUTHORIZATION FOR NON-MORTGAGE CREDITORS

Gentlemen:

I give my permission for you to release any and all information to Families Renewed, Inc. that they may require regarding my account listed below including any discussion of my credit, credit balance(s), payoff(s), any credit transaction, reinstatement, credit transfer, or credit inquiry. This document may be reproduced as required to acquire references from more than one source. This permission shall expire and be rescinded at midnight on _____.

Creditor: _____

Account Number: _____

Sincerely,

Debtor

Date

Co-Debtor

Date