

**FINANCIAL HARDSHIP ELIGIBILITY APPLICATION**

The following questions must be answered completely and truthfully to the best of Applicant's knowledge. Providing false answers or failing to complete the entire application will cause the applicant to be disqualified from consideration.

Additionally, where requested, Applicants must attach copies of documents. Failure to do so will result in disqualification. If you need more space to answer any question, use a separate sheet of paper and label and attach it to this application.

Name \_\_\_\_\_  
Last First Middle Initial

Spouse's \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
House No. Street Apartment #

\_\_\_\_\_  
Municipality/City State Zip Code

Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

Age of Applicant \_\_\_\_\_ Age of Spouse \_\_\_\_\_

Do you have dependent children? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate their names and ages:

Child \_\_\_\_\_

Child \_\_\_\_\_

Child \_\_\_\_\_

Do you and/or your spouse reside on the property? Yes \_\_\_\_ No \_\_\_\_

Please indicate the names and ages of every other person living on the property:

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If the property is rented, by whom? What is the rental amount? (Attach a copy of the lease).

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Please indicate, as specifically as possible, why you suffer from financial hardship

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Please provide the following financial information. If you are married, assume that each question pertains to you and your spouse and complete as to both.

### **SOURCES OF INCOME (Provide proof)**

#### **Employment:**

Name of Employer(s)

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Position/Title

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Current Salary/Hourly Wage \$\_\_\_\_\_

**Investments:**

Do you own stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimate the current market value per share \$ \_\_\_\_\_

Do you receive dividend payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much do you receive annually? \$ \_\_\_\_\_

**Bank Accounts:**

Do you currently have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Checking Account #1:

Bank name \_\_\_\_\_

Current balance \$ \_\_\_\_\_

Checking Account #2:

Bank name \_\_\_\_\_

Current balance \$ \_\_\_\_\_

Do you currently have a savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Savings Account #1:

Bank name \_\_\_\_\_

Current balance \$ \_\_\_\_\_

Savings Account #2:

Bank name \_\_\_\_\_

Current balance \$ \_\_\_\_\_

Do you or your spouse own any other bank accounts or investments not listed above?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the type of account, bank and current balance for each:

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Do you or your spouse currently receive social security payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the amount of each monthly payment for:

Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**Welfare/Public Assistance**

Do you currently receive public assistance?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Type of assistance \_\_\_\_\_

Total amount of assistance per month \$ \_\_\_\_\_

**Alimony/Child Support**

Do you currently receive alimony payments?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the monthly amount? \$ \_\_\_\_\_

Do you currently receive child support payments?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the monthly amount? \$ \_\_\_\_\_

**Workers' Compensation/Disability**

Are you currently receiving workers' compensation or disability payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

What is the amount of your monthly benefit? \$ \_\_\_\_\_

Do you receive income from any other source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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Do you own any property other than the subject of this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please briefly describe the property and list the address:

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### **LIABILITIES**

#### **Credit Cards**

Do you or your spouse own any credit cards? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list each card, the current balance, and minimum monthly payment due:

Card #1 \_\_\_\_\_

Card #2 \_\_\_\_\_

Card #3 \_\_\_\_\_

Card #4 \_\_\_\_\_

Card #5 \_\_\_\_\_

#### **Judgments/Fines:**

Do you have outstanding judgments or fines against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the type and amount of each:

Judgment \_\_\_\_\_ Amount \$ \_\_\_\_\_

Judgment \_\_\_\_\_ Amount \$ \_\_\_\_\_

Judgment \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Mortgages:**

Do you currently have any mortgages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Number of mortgages you have: \_\_\_\_\_

Mortgage #1;

Mortgage lender \_\_\_\_\_

Amount of mortgage \$ \_\_\_\_\_

Amount remaining \$ \_\_\_\_\_

Current monthly payment \$ \_\_\_\_\_

Are your mortgage payments in late? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many months? \_\_\_\_\_

## Mortgage #2

Mortgage lender \_\_\_\_\_

Amount of mortgage \$ \_\_\_\_\_

Amount remaining \$ \_\_\_\_\_

Current monthly payment \$ \_\_\_\_\_

Are your mortgage payments in late? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many months? \_\_\_\_\_

**Loans:**

Do you have any loans other than mortgages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Number of loans \_\_\_\_\_

Type of loan(s) \_\_\_\_\_

Name of lender(s) \_\_\_\_\_

Amount of loan(s) \_\_\_\_\_

Loan Balance(s) \_\_\_\_\_

**Alimony/Child Support:**

Are you obligated to pay alimony or child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your monthly obligation? \$ \_\_\_\_\_

**Utilities:**

Estimate your monthly utility obligation: \$ \_\_\_\_\_

Are you currently delinquent in your utility payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate which utilities are delinquent and the amount owed.

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**Taxes:**

Do you owe any delinquent taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the type of tax and the amount of delinquency.

Tax \_\_\_\_\_ Amount \_\_\_\_\_

Tax \_\_\_\_\_ Amount \_\_\_\_\_

Tax \_\_\_\_\_ Amount \_\_\_\_\_

**Documentation:**

Please attach a copy of your tax return for the previous year.

If you and your spouse filed separately, please attach a copy of your spouse's tax return for the previous year.

If you indicated above that you receive welfare/public assistance, please attach a statement from the provider indicating the amount of your benefits.

If you indicated above that you or your spouse receive social security benefits, please attach a statement from the provider indicating the amount of your benefits.

**YOUR PLAN:**

Please indicate your proposed plan to pay off these delinquent school taxes:  
(i.e. **amount per month**, etc.)

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**OTHER INFORMATION**

If there is any additional information you wish to be considered in this matter please provide here:

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**Please sign below and return the entire form to the Weiss Burkardt Kramer, LLC, 445 Fort Pitt Boulevard, Suite 503, Pittsburgh, PA 15219.** Should you have any questions with regard to completing this application, please contact us at (412) 391-0160.

**VERIFICATION**

I verify that the facts set forth in this questionnaire are true and correct.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsifications.

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Date

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Owner

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Owner