

The Pink Fund Financial Disclosure Form (also provide a copy of front page IRS Form 1040 from last two years, and your prior month's checking account statement)

Patient Name:

ASSETS:	SELF	SPOUSE	TOTAL
1 -Total Cash on hand			
2 - Money in Bank (Checking and Savings)			
3 - Savings Bonds			
4 - Stocks & Bonds			
5 - Credit Union Savings			
6 - Owned Real Estate (current mkt value)			
7. Automobile(s)			
8. Life Insurance Cash Value			
9. Other Properties or Assets (list)			
9A: TOTAL ASSETS: (add up items listed in rows 1-9)			
LIABILITIES			
10. Notes payable to the Bank:			
Current Balance on Mortgage Loan:			
Current Balance on Auto Loan (s)			
Current Balance on Home Equity Loan			
Current Balance on any other Personal credit lines/loans			
11. Taxes Due:			
Property Tax for primary property only			
Federal			
State			
Other			
12. Other outstanding Debts, (credit cards etc.):			
13. Insurances (house/car/life/disability - pls do not include medical)			
13A: TOTAL LIABILITIES: (add up all Items listed in liabilities)			
NET WORTH (Subtract Total Assets from Total Liabilities, (9A-13A))			
SOURCES OF MONTHLY INCOME:			
a. Salary			
b. Social Security Disability and/or State Disability			
c. Workers Compensation			
d. Veteran's Benefit			
e. Pension			
f. Armed Services Allotment			
g. Alimony/Child Support			
h. Interest and Dividends			
i. Gross rent from property (ies)			
j. Unemployment Benefits from State (MESDC)			
k. Disability Policy benefits or Sick Pay from Employer			
l. Friends/Family:			
L1: TOTAL MONTHLY INCOME: (add Rows a – l)			
MONTHLY EXPENSES:			
m. Mortgage/Rent			
n. Insurances (car, life, disability, health)			
o. Automobile Loan(s)			
p. Utilities (pls indicate if on NEAR or Low income home energy assistance program)			
q. Other Personal Loans and/or Child Support payments			
r. Drugstore (please do not include prescription costs)			
s. Food/Groceries (please indicate if on food stamps)			
t. Cell phone/Telephone (pls do NOT include cable/internet services)			
V1: TOTAL MONTHLY EXPENSES: (add rows m – t)			
CASH available/Mth (Row V1 minus L1)			

Patient Signature:

Date: