

DOLLAR AMOUNT REQUESTED		ACE ASSISTANCE PROGRAM		
\$		INSTRUCTIONS. This form is to be completed by the ACEBSA member and/or responsible party. The information requested below will provide a basis for establishing eligibility for financial assistance. The committee reserves the right to verify all information provided.		
		Names: LAST FIRST MIDDLE		
Committee Member Initials	DOLLAR AMOUNT GRANTED	TOTAL NO. IN FAMILY		CASE NO.
				LAST FOUR DIGITS OF SSN # - - - -

EXPENSES				MONTHLY INCOME		
Description		Mo. Payment	Amt. Past Due	Description	Gross Amount	Net Amount
HOUSE PAYMENT OR RENT	TO WHOM PAID	\$	\$	SALARY	\$	\$
	ADDRESS			SPOUSE SALARY	\$	\$
WATER/ELECTRICITY, GAS, TELEPHONE		\$	\$	MONTHLY NET INCOME		\$
TRANSPORTATION		\$		OTHER: i.e., pensions, disability, interest, alimony, etc.	\$	\$
FOOD		\$	Amt. Past Due	RENTAL INCOME	\$	\$
AUTOMOBILE PAYMENTS	YEAR MAKE	\$	\$	OTHER MONTHLY INCOME: i.e., unemployment benefits, worker compensation	\$	\$
	1.	\$	\$	TOTAL	\$	\$
				PAYROLL DEDUCTIONS		
LIFE INSURANCE COMPANY	FACE VALUE	\$	\$	CAR PAYMENTS		\$
TOTAL MEDICAL/DENTAL EXPENSES (If any, list below to whom payments are made.)		\$	\$	SAVINGS PLANS AND BONDS AND CREDIT UNIONS		\$
ALIMONY AND/OR CHILD SUPPORT (If a child is not claimed as a dependent above.)		\$	\$	TOTAL PAYROLL DEDUCTIONS		\$
DAY CARE COSTS FOR CHILDREN (For working parents)		\$	\$	LIQUID ASSETS		
				Description		Amount
COST OF HEALTH INSURANCE PREMIUMS (Other than those deducted from wages)		\$	\$	CHECKING ACCOUNT NUMBER		\$
DEPT. STORE & CHARGE ACCT. And LOANS	NAME	\$	\$	BANK NAME		BRANCH
	NAME	\$	\$	SAVINGS ACCOUNT NUMBER 1 -		\$
	NAME	\$	\$	SAVINGS ACCOUNT NUMBER 2 -		\$
	NAME	\$	\$	SAVINGS BANK NAME		BRANCH
MASTER CHARGE #	BANK LOCATION	AMT. PAYMT	LIMIT	CREDIT UNION NAME		
			AMT. DUE	TOTAL AMT. IN CHECKING, SAVINGS, AND CREDIT UNION ACCOUNTS		\$
VISA #	BANK LOCATION	AMT. PAYMT	LIMIT	CASH ON HAND		
			AMT. DUE	TOTAL LIQUID ASSETS		\$
TOTAL EXPENSES		\$	\$			

MISCELLANEOUS

MARKET VALUE OF HOUSE	\$
EQUITY IN HOUSE	\$
OTHER PROPERTY VALUE – SPECIFY	\$
ADDRESS OF OTHER PROPERTY	
DID YOU ATTEMPT TO OBTAIN A CREDIT UNION LOAN FOR THIS EMERGENCY? NO <input type="checkbox"/> YES <input type="checkbox"/>	\$
AMOUNT →	
IF THIS REQUEST IS DUE TO YOUR OWN ILLNESS/INJURY, please complete the following: Describe illness/injury (attach doctor's report on current condition)	
IF HOSPITALIZED, indicate dates admitted and discharges: Is your illness/injury work relate? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes to the above question, have you applied for Worker's Compensation? NO <input type="checkbox"/> YES <input type="checkbox"/> Current Status? _____	
IF THIS REQUEST IS DUE TO THE ILLNESS OF A MEMBER OF YOUR FAMILY, complete the following: Name _____ Age _____ Relationship _____ Describe illness/injury (attach doctor's report on current condition): _____ Was relative hospitalized? NO <input type="checkbox"/> YES <input type="checkbox"/> How long? _____ Was relative employed? NO <input type="checkbox"/> YES <input type="checkbox"/> ATTACH LAST PAYCHECK STUB	
I certify the information hereon to be accurate and complete. I understand that the ACEBSA reserves the right to verify all the information supplied.	
SIGNATURE	DATE:
CURRENT ADDRESS:	HOME PHONE:
	WORK PHONE:



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