

## Financial Worksheet

\_\_\_\_\_  
Today's Date

Please print and complete this worksheet before starting the NFCSN application and note the following:

- “Applicant” refers to the patient, and if the patient is married or a dependent child, the questions below pertain to the applicant’s household.
- We do not need exact figures; reasonable estimates will work for us. Please note that the website form will not accept decimals, so you will be asked to round your figures.
- If your answers require additional explanation, please jot them down here and then bring them to our attention during the phone interview.

1) Has the applicant filed a federal income tax return (IRS Form 1040) within the last five years? If yes, we will need a copy of the first two pages. Please don't include the cover sheet.

2) Does the applicant own a home?

If yes, what is the home address?

If there is a mortgage, what is the approximate balance—rounded to the nearest \$1,000 (including second mortgage if applicable)?

If there is a mortgage, what is the monthly payment—rounded to the nearest \$100 (including second mortgage if applicable)?

3) What are the applicant’s assets (rounded to the nearest \$1,000; if less than \$1,000, enter 0)?

Cash & checking account(s)	\$ _____
Savings account(s) & CDs	\$ _____
Stock, bonds and stock/bond funds	\$ _____
Mutual funds	\$ _____
Annuities	\$ _____
Retirement accounts (401(k), IRAs, SEPs)	\$ _____
Cash value of life insurance	\$ _____
Real estate <i>excluding primary residence</i> (e.g., rental, vacation, business property)	\$ _____
Vehicles (automobiles, boats, RVs, etc.)	\$ _____
Other assets (art, collectibles, etc.)	\$ _____
<b>Total assets</b>	<b>\$ _____</b>

4) What are the applicant's liabilities (rounded to the nearest \$1,000)?

Home equity loan	\$ _____
Auto loan(s)	\$ _____
Student loan(s)	\$ _____
Credit card(s)	\$ _____
Other loans and/or debt	\$ _____
<b>Total liabilities</b>	<b>\$ _____</b>

5) What are the applicant's current sources of monthly income (rounded to the nearest \$100)?

Employment	\$ _____
Business income	\$ _____
Pension and annuities	\$ _____
Retirement accounts	\$ _____
Social Security	\$ _____
Social Security Disability	\$ _____
Other income	\$ _____
<b>Total monthly income</b>	<b>\$ _____</b>

6) If the applicant is or has been under the care of a Christian Science nurse, please have the following information available when you complete the NFCSN application:

- The name and phone number of the Christian Science nurse, facility, or visiting nurse service.
- Copies of current paid and unpaid invoices that you are requesting assistance with. We may be able to assist with:
  - Christian Science nurse fees
  - Christian Science facility fees
  - Christian Science practitioner fees

7) When you submit the application you will receive an email that will tell you if additional documentation is needed and if so, how it can be submitted. The two additional documents that may be needed are:

- the applicant's most recent IRS Form 1040
- durable or financial Power of Attorney

This financial worksheet provided for you to complete and use as a reference for filling out the online NFCSN grant application. Please do not mail or email the financial worksheet or a hard copy of your application to NFCSN.