

**SPRING LAKE RANCH**  
**Application for Financial Aid**

Your Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Resident/Client's Name \_\_\_\_\_

Telephone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Email Address** \_\_\_\_\_

*In order for us to understand your financial situation, please complete the following. Your financial information will be kept confidential.*

**Family Information**

0) What is your (and your spouse's) current monthly gross income from all sources?

- a. Salary & Wages: \$ \_\_\_\_\_
- b. Investments: \$ \_\_\_\_\_
- c. Alimony: \$ \_\_\_\_\_
- d. Child Support: \$ \_\_\_\_\_
- e. Social Security: \$ \_\_\_\_\_
- f. Retirement Benefits: \$ \_\_\_\_\_
- g. Other: \$ \_\_\_\_\_

1) What is the current *net* worth of all your (and your spouse's) investments including real-estate (not your primary residence)? \$ \_\_\_\_\_

2) What is the current value of your primary residence? \$ \_\_\_\_\_

3) What is the current value of unpaid mortgages or credit lines on your primary residence? \$ \_\_\_\_\_

4) What are the make and year of all your cars, boats, & RV's (owned, not leased)?

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_

5) What are the most recent annual costs for:

- a. Clubs & Memberships \$ \_\_\_\_\_
- b. Camps & Lessons: \$ \_\_\_\_\_
- c. Vacations: \$ \_\_\_\_\_

**Resident Information**

- 6) Monthly Social Security Disability Insurance: \$ \_\_\_\_\_
- 7) Monthly S.S.I. Benefits: \$ \_\_\_\_\_
- 8) The current value of Trusts & Investments in their name: \$ \_\_\_\_\_
- 9) The current value of Savings & Checking Accounts in their name: \$ \_\_\_\_\_
- 10) Other sources on monthly/annual (specify) income
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
  - d. \_\_\_\_\_ \$ \_\_\_\_\_
- 11) Is there any other family member or associate(s) who would be able to contribute to Resident fees and expenses? If so, what would that monthly contribution be?  
\$ \_\_\_\_\_

*Please describe any additional relevant financial circumstances on a separate sheet.*

**To process your request for Financial Aid, we require a copy of your & the Resident/Client's most recent 1040 IRS tax return. Please include pertinent schedules including B, C, and D if applicable. No grant can be finalized without this (or equivalent) information.**

I (we) certify that the information provided is accurate to the best of my (our) knowledge.

\_\_\_\_\_  
(Name/s) (Signature/s) (Date)

***Please mail or fax all information to The Business Office :  
1169 Spring Lake Rd.  
Cuttingsville, VT 05739  
(f) 802-492-2285***

*For Administrative use only*  
*Three month duration beginning \_\_\_\_\_ Ending \_\_\_\_\_*