| Housestaff financial grant application |
| --- |
| Applicant Information |
| Name: |
| Date of birth: | SSN: | Age: |
| Marital Status: |
| Number of Children:  |
| Current address: |
| City: | State: | ZIP Code: |
| Home Phone: | Pager: |
| Specialty/Residency Program: | PG Level: |
| Have you applied for the House Staff council grant in the past? *(Circle)* **YES** Date:\_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_ Amt. $\_\_\_\_\_\_\_\_\_\_\_ **NO** |
| education Information |
| Medical School of Graduation: |
| Year of Graduation: |
| RESIDENCY TRAINING |
| **PGY LEVEL** | **HOSPITAL** | **LOCATION** |
| PGY 1 |  |  |
| PGY 2 |  |  |
| PGY 3 |  |  |
| PGY 4 |  |  |
| PGY 5 |  |  |
| PGY 6 |  |  |
| PGY 7 |  |  |
| iNCOME *(GROSS, PRE-TAXED)* |
| **SELF** | $ |
| **SPOUSE** | $ |
| **MISC INCOME** | $ |
| **TOTAL ANNUAL INCOME** | $ |
| MONTHLY EXPENSES |
| FOOD | $ |
| RENT/MORTGAGE | $ |
| UTILITIES | $ |
| TRANSPORTATION *(GAS, MAINTENANCE)* | $ |
| HEALTH INSURANCE  | $ |
| HOME PHONE | $ |
| CELL PHONE | $ |
| MONTHLY EXPENSES *(CONTD.)* |
| CHILDCARE | $ |
| CAR INSURANCE | $ |
| LIFE INSURANCE | $ |
| Credit Cards |
| Name | Current balance | Monthly payment |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Auto Loans |
| Auto loans | Balance | Monthly payment |
|  |  |  |
|  |  |  |
|  |  |  |
| MORTGAGE LOANS |
| Mortgage Loan | Balance | Monthly payment |
|  |  |  |
|  |  |  |
| Other Loans, Debts, or Obligations |
| Description | Amount |
| Student Loan | $ |
| Personal Loan | $ |
| Other Assets or Sources of Income |
|  | Amount |
| Do you own your home?  **YES NO** |
| If yes, what is the remaining balance on your home? | $ |
| Investment Income | $ |
| **TOTAL LIABILITY** |
| $ |
| AUTHORIZATION |
| All of the above information is correct to the best of my knowledge. I authorize U of L House Staff Council to verify the information provided on this form as to my credit and education history. |
| Signature of Applicant | Date |