| 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 | |