



2019 Patient Expense Worksheet Confidential Personal Information Sheet

Completion of the Expense Worksheet is required to apply to New Day Foundation. In addition, we hope this process will provide you with an overview of your financial picture that will be helpful for planning purposes. If you would benefit from financial counseling, please let us know.

Honoring Matt Kell and Cathy Spehn

245 Barclay Circle, Ste. 300, Rochester Hills, MI 48307

Today's Date: _____

PATIENT INFORMATION

Full Name _____
Last First Middle

Online Application Number _____

EXPENSES (Please note when payment terms are yearly, bi-annual, quarterly or other)

	Monthly Payment	Past Due Amount
Rent/Mortgage (please circle one)	\$ _____	\$ _____
Utilities: Electric	\$ _____	\$ _____
Natural Gas	\$ _____	\$ _____
Water	\$ _____	\$ _____
Home Phone	\$ _____	\$ _____
Cable/Internet	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
Car Payment(s) <small>(List Vehicle Year, Make, Model and Payment)</small>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Insurances: Auto	\$ _____	\$ _____
Home	\$ _____	\$ _____
Health	\$ _____	\$ _____
Health Insurance company _____		
Dental	\$ _____	\$ _____
Life	\$ _____	\$ _____
Monthly Food Expense	\$ _____	
Preferred Grocery Store _____		
Monthly Fuel Expense	\$ _____	
Preferred Gas Station _____		
Medial Expenses <small>(Not Covered by Insurance)</small>	\$ _____	\$ _____
Credit Cards <small>(List card name)</small>	<small>(Minimum Monthly Payment)</small>	<small>(Credit Card Balance)</small>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Household Repairs	\$ _____	\$ _____
Counseling	\$ _____	\$ _____

MONTHLY TOTAL, EXPENSES \$ _____

MONTHLY TOTAL, INCOME \$ _____

NOTE: Do NOT add outstanding medical bills to monthly expenses

Last 4 digits of primary account holders SSN _____

Confidential

Please remember that in addition to submitting this completed expense worksheet, hard copies of the household bills listed above, 2 months of bank statements and a color family photo must also be submitted to your Social Worker for your completed application to be considered for a grant.