GORDON MEMORIAL HEALTH SERVICES

LEVEL II FINANCIAL ASSISTANCE

NAME _____ SPOUSE'S NAME_____

LIST ALL HOUSEHOLD MONTHLY EXPENSES

EXPENSE	MONTHLY PAYMENT	BALANCE DUE
HOME MORTGAGE / RENT		
CAR PAYMENT		
CAR PAYMENT		
CREDIT CARD #1		
CREDIT CARD #2		
CREDIT CARD #3		
CREDIT CARD #4		
HOME / RENTERS INSURANCE		
GAS / PROPANE		
ELECTRICITY		
WATER / GARBAGE		
TELEPHONE		
CELL PHONE		
CABLE		
INTERNET		
HEALTH INSURANCE		
FUEL (GAS / DIESEL)		
CAR INSURANCE		
DAY CARE		
SCHOOL LUNCHES		
GROCERIES		
MEDICATIONS		
HOSPITAL BALANCES & LOCATIONS		
OTHER MEDICAL SERVICES		
MISCELLANEOUS (PLEASE SPECIFY)		