

3927 1st Ave S, Billings MT 59103
PO Box 1020 Billings MT 59103
406-259-2269

Client full name: _____

Current mailing address: _____

What is your living situation: (IE, are you homeless, do you stay with friends/relatives, do you rent or own a home, etc?)

Is there another income source (Y/N)? _____ List other source(s)? _____

Please list each person living in the household below:

[illegible]

Is there any disabilities in the household (Y/N)? ____ If so, please explain the disability _____

Are you or anyone in your household working with other agencies now or in the past year? If so, what kind of help:

The total monthly household income (this should include all income from all household residents): \$ _____

Bills	Amount per month
Rent/Mortgage	\$
Telephone	\$
Car Insurance	\$
Auto Loan	\$
Electric	\$
Gas	\$
Water	\$
Cable/Internet	\$
Medical	\$
Personal Care Items	\$
Groceries	\$
Pawn/Title Loans	\$
Other: _____	\$

	Y or N	Amount
WIC	Y or N	\$
SNAP	Y or N	\$
TANF	Y or N	\$
LIEAP	Y or N	\$
Energy Share	Y or N	\$

How much \$ are you asking for from Family Service?

Give a brief description of the circumstances that led to you being short on your bills at this time?

What have you done in the past when you have been short on bills?

If you receive help this month, how will you pay next month's bills?

Would you benefit from a budgeting class?