



German Ladies' General Benevolent Society

Helping women and children of German descent in the Bay Area since 1870.

New Client Questionnaire

In order to better serve our clients, we ask our clients to provide us with information about their current circumstances and needs. Please fill out this questionnaire and return it to us within 10 days. Please note that the more complete and precise the information is that you provide, the better we are able to determine your need for help. Thank you.

Your Contact Information

Name _____ Phone _____

Address _____

Email _____

Date of Birth _____ Age(s) of Dependent Children _____

Emergency Contact Information

Emergency Contact _____ Phone _____

Email _____ City/State _____

About Your Needs

In order for us to better understand your needs, please tell us about your current financial situation. Please use the back of this form or additional paper if needed.

Your Current Financial Outlook

Monthly Family Income

Please tell us about your income by filling in the categories below. Use the back of this form if needed.

Net Wages _____
Gross Wages _____
Social Security _____
SSI _____
Welfare _____
AFDC _____
Food Stamps _____
US Pension _____
German Pension _____
Spousal/Child Support _____
Other Income _____
Total Monthly Income* _____

*Please attach evidence of income: tax return or 2 consecutive months' bank statements.

Assets

Please provide your current assets below. Use the back of this form if needed.

Real Estate _____
Personal Property _____
Automobile(s) _____
Current Checking _____
Current Savings _____
Other Assets _____
Total Assets _____

Monthly Family Expenses

Please give us an idea of your monthly expenses by filling in the categories below. Use the back of this form if needed.

Home Mortgage _____
Rent _____
Utilities _____
Telephone _____
Food _____
Transportation _____
Auto Insurance _____
Home Insurance _____
Health Insurance _____
Medications & CoPays _____
Life Insurance _____
Credit Card Payments _____
Other Expenses (please specify) _____
Total Monthly Expenses _____

Outstanding Debts

Please provide your outstanding debts below. Use the back of this form if needed.

Mortgage Balance _____
Automobile Loan _____
Credit Cards _____
Other Loans _____
Past Due Bills _____
Other Debts _____
Total Debts _____

How can we help?

Please tell us how we could best be of assistance to you. Please use the back of this form or additional paper if needed.

I, the undersigned, hereby acknowledge that the information herein is true and correct to the best of my knowledge.

Signature _____

Print Name _____ Date _____