



PO Box 901214

Kansas City MO 64190-1214

Financial Assistance Form

- Rays of Hope offers counseling on a sliding scale based on establishment of financial need. It is our heart to see you live an abundant life beyond mere surviving. We do not want lack of finances to prevent you from stepping in to the fullness of what God has for you. Because Rays of Hope believes they are accountable to God for fiscal stewardship, if you are applying for financial assistance, (that means requesting to pay differently from the sliding scale), we require the following in order to establish financial need.
 - Last year's tax return
 - Financial aid form
 - Letter of explanation (optional)

All financial Aid applications are reviewed by the Rays of Hope board for approval.

Rays of Hope Financial Aid Budget Form

INCOME	Monthly Payment	Due Date	Total Owed
Your Gross Pay			
Spouse's Gross Pay			
Social Security Income			
Child Support Received			
Alimony Received			
Worker's Compensation			
Unemployment			
Other income			
CHARITY			
Tithe			
Other charitable giving _____			
EXPENSES			
HOUSING			
Rent/Mortgage			
Taxes (if not included in mortgage)			
Homeowner's/Tenant Insurance (if not included in mortgage)			
UTILITIES			
Electric			
Water/Sewage			

Rays of Hope Financial Aid Budget Form

Phone			
Cell Phone			
Cable TV			
TRANSPORTATION			
Car Insurance			
Car payment			
Auto repair			
Gasoline/Transportation			
DEBT			
Installment loan with _____			
Installment loan with _____			
Child support paid _____			
Alimony paid _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Student Loan			
Student Loan			
FOOD/DINING OUT/ etc/Entertainment			
Food-Grocery Store			

Rays of Hope Financial Aid Budget Form

Dining out			
Cigarettes/beverages			
Newspaper/magazines, etc.			
Entertainment (including babysitting expense)			
MEDICAL/HEALTH			
Doctor			
Prescriptions			
Dentist			
Eye Care			
Medical Providers Paying Monthly Payments_____			
Medical Providers Paying Monthly Payments_____			
Medical Providers Paying Monthly Payments_____			
Medical Providers Paying Monthly Payments_____			
Life Insurance			
Dry cleaning, laundry			
PERSONAL			
Pet expenses			
Clubs, sports hobbies			
New clothing/shoes			
Barber/hair salon			
School Tuition			

Rays of Hope Financial Aid Budget Form

Cosmetics			
CHILDREN			
Allowances			
Tutoring			
College Funds			
Daycare			
SAVINGS			
Gifts-Birthdays, anniversaries-Holidays			
Emergency Savings			
Saving for _____			
OTHER EXPENSES			

Rays of Hope Financial Aid Budget Form
