

LIFELINK Personal Emergency Response Program

6308 S. Warner Ave., PO Box 149, Fremont, MI 49412 (231) 924-0641 FAX (231) 924- 0221



LifeLink Program Financial Worksheet

LifeLink Staff uses this form as a guide to determine your fee rate. You may choose not to fill it out with the understanding that your rate will automatically be \$40.00 per month. Check here if you select this option

NAME _____ PHONE _____
ADDRESS _____

Please list the names, ages and relationship of all others in your household:

FINANCIAL INFORMATION

EXPENSES

Rent or mortgage payments	\$
Utilities (heat, electricity, water, etc.....)	\$
Telephone	\$
Home upkeep (snowplowing, lawn care, repairs etc.....)	\$
Insurance payments (household, auto, medical, etc.....)	\$
Car Payments	\$
Transportation expenses (include gas, upkeep, transportation fees, etc.....)	\$
Food	\$
Medical or Dental fee (not covered by insurance).....	\$
Medication (not covered by insurance).....	\$
Other expenses: (i.e., home health care, chore services, senior meals, etc.....)	\$
Please Specify _____	\$
_____	\$
TOTAL MONTHLY EXPENSES	\$

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ASSETS:

INCOME: (Monthly income for all household members)

VALUE

Employment income.....	\$
Unemployment income.....	\$
Social Security and/or SSI income.....	\$
Workers Comp., and/or Veteran's disability pay.....	\$
Pension benefits.....	\$
Investment income.....	\$
Rent income.....	\$
Net farm income.....	\$
Net income from sale of capital assets.....	\$
Other taxable income (interest from savings, etc.).....	\$
Help from family.....	\$
All public assistance payments (ADC, food stamps, GA benefits, etc.).....	\$
Other non taxable income.....	\$
Any other income not reported in the lines above.....	\$
Total Monthly Income.....	\$

FINANCIAL:

VALUE

Savings.....	\$
Checking.....	\$
Investments: Current Market Value.....	\$
Please List All:.....	\$

PROPERTY:

VALUE

Home.....	\$
Second Home.....	\$
Other property/Real Estate/Business.....	\$
Land.....	\$
Vehicles: make/model/year.....	\$
Recreational Vehicles.....	\$

Do you have family that could help pay for the monthly costs/and or installment fees? YES NO

I hereby confirm that all information provided now and hereafter is true and complete to the best of my knowledge. I understand that it is my responsibility to notify LIFELINK staff if my monthly income or expenses change by more than \$50.00 and that my financial situation may be reviewed annually. It is my further understanding that the financial information provided is confidential and for use by the LIFELINK program and NCCS only.

Signature _____ Date _____

***** OFFICE USE *****

Unusual circumstances _____
Subscriber payment amount \$ _____ Assistance Amount \$ _____
LIFELINK representative _____ Date _____