



Giving Wings to Those in Need

Application for Flight Service Part II

Financial Information

Number of Wage Earners: Number of Dependents:

Sources of Income (Please State Gross Amounts)

Wage Earner 1	Name	Wage Earner 2	Name
Regular Employment	\$ /month	Regular Employment	\$ /month
Social Security	\$ /month	Social Security	\$ /month
Disability	\$ /month	Disability	\$ /month
FIA/SSI	\$ /month	FIA/SSI	\$ /month
Pension	\$ /month	Pension	\$ /month
Alimony	\$ /month	Alimony	\$ /month
Child Support	\$ /month	Child Support	\$ /month
Gifts	\$ /month	Gifts	\$ /month

Total Household Income (Gross) \$ /month

Checking Account Balance: \$

Savings Account Balance: \$

Other (Please Specify): \$

Medical Expenses not covered by insurance: \$ /month

Other factors that affect your financial stability. (Financial need is determined on an individual basis.)

Financial information must be verified with the submission of tax forms, paycheck stubs, W-2 forms, checking/savings account statements and a statement of benefits from any government assistance programs. If you do not have access to your financial information, a referral letter from your social worker will also be accepted.