

MICHIGAN STATE POLICE ASSOCIATION
East Lansing, Michigan

EMPLOYEE FINANCIAL ASSISTANCE QUESTIONNAIRE

DATE			
NAME	Last	First	Middle
PERMANENT ADDRESS (Give Street, City, and County)			PHONE NUMBER
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF MARRIAGE DATE OF BIRTH
POSITION TITLE	DATE EMPLOYED	BI-WEEKLY WAGE Gross: Net:	OTHER COMPENSATION
LIST THE NUMBER OF DEPENDENTS, INCLUDING SPOUSE AND DATE OF BIRTH OF EACH DEPENDENT:			
Name		Age	
IS SPOUSE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name and Address of Employer		Dates of Employment	Weekly Wage
ARE ANY OF DEPENDENT CHILDREN EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name and Address of Employer		Dates of Employment	Weekly Wage
DOES EMPLOYEE OWN HIS/HER OWN HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If employee is financing the home, indicate the mortgage holder, the monthly payments (including principal and interest payments, taxes and insurance), type of contract and present market value.			

FINANCIAL STATUS--List all of employee's savings (including name of banking institutions), if any, i.e., bank deposits, credit union, saving and loan associations, government bonds, and any other income such as disability compensation from the government, interest from stocks or bonds, amounts of insurance including loan value, etc.

LIST OF EMPLOYEE'S CURRENT EXPENSES AND INDICATE WHERE PAYMENTS ARE BEING MADE: i.e., monthly rent, clothing expense, monthly car payment, expense for utilities (fuel, light and water), grocery bill, items purchased on installment plan, and any and other expenses.

MEDICAL AND DENTAL EXPENSES: List all medical and dental expense for employee and dependents, include name of doctor, placement of treatment, type of illness or treatment.

INHERITANCE: If the employee or dependent(s) are receiving an inheritance, indicate the amount and from whom.

BURIAL EXPENSE: Indicate name of deceased dependent, date of death, place of burial, funeral expense, name and address of funeral director, social security benefits and veteran's benefits, if any.

PERMANENT DISABILITIES: Are any of the dependents suffering from a permanent disability? If yes, give the name of dependent and explain in detail.

ANY FACTORS NOT LISTED WHICH ADD TO HARDSHIP:

HOW BEST CAN THIS EMPLOYEE BE AIDED AND TO WHAT EXTENT IS FINANCIAL ASSISTANCE NEEDED:

DOES EMPLOYEE DESIRE ASSISTANCE?
 Yes No

WILL THE EMPLOYEE ACCEPT ASSISTANCE?
Yes No

Signature of Investigator

Station

ACTION TAKEN BY THE BOARD OF DIRECTORS

By Poll
At Meeting

Board of Directors Vote:

NOTE: All information contained in this questionnaire will remain confidential to the trustee making the investigation and the Board of Directors.