



5800 South Highland Drive
Salt Lake City, UT 84121
(801) 272-9980
(801) 272-9976 (Fax)
www.youthvillage.org

TO BE COMPLETED BY PERSON RESPONSIBLE FOR PAYMENT

The information requested is to allow us to assist you in establishing a reasonable payment program or to determine scholarship qualification criteria. This information is confidential. You must provide us with complete information to enable us to determine how we can help you. **PLEASE PRINT.**

REFERRED YOUTH:

1. Name _____
2. Address _____
Street City State Zip Phone

RESPONSIBLE PARTY:

3. Name _____
Last First Middle
4. Address _____
Street City State Zip Phone
5. Employer _____
Name Phone
Street City State Zip How Long?

6. Are you disabled? Yes No If yes, disability:

DEPENDENTS (Of Responsible Party):

7. Spouse Name _____
Last First Middle
8. Employer _____
Name Phone

DEPENDENTS (Children):

9. Names and Ages _____
10. Are any of the above dependents employed? Yes No Where? _____
11. Do any of the above dependents have special needs? Yes No
If so, who and what type? _____

INSURANCE

12. Name of above youth's health insurance, if any: _____

13. Benefits coverage: _____

RESPONSIBLE PARTY'S FINANCIAL INFORMATION

PRESENT EMPLOYER(S)

14. _____
Occupation Supervisor Name/Phone Gross Wage Net Wage Years on Job

Occupation Supervisor Name/Phone Gross Wage Net Wage Years on Job

OTHER SOURCES OF INCOME

15. _____
Source Amount

Source Amount

16. _____
TOTAL INCOME (Combination of 14 and 15)

17. Adjusted Gross Income for most recent tax return: _____ Year: _____

18. REASON FOR REDUCED PAYMENT OR SCHOLARSHIP REQUEST

19. PLEASE LIST ANY OTHER FINANCIAL CONDITIONS WHICH SHOULD BE CONSIDERED

20. MONTHLY EXPENSES

	MONTHLY PAYMENT	BALANCE	COMMENTS/PURPOSE
Food	\$	\$	
Gas/Heat	\$	\$	
Electricity	\$	\$	
Water	\$	\$	
Telephone	\$	\$	
Transportation/Gasoline	\$	\$	
Rent/Mortgage Payment	\$	\$	
Second Mortgage	\$	\$	
Alimony/Child Support	\$	\$	
Auto 1	\$	\$	
Auto 2	\$	\$	
Car Insurance	\$	\$	
Life Insurance	\$	\$	
Health Insurance	\$	\$	
Credit Card 1	\$	\$	
Credit Card 2	\$	\$	
Credit Card 3	\$	\$	
Bank Loan 1	\$	\$	
Bank Loan 2	\$	\$	
Finance Co. 1	\$	\$	
Finance Co. 2	\$	\$	
Other	\$	\$	
Other	\$	\$	
Other	\$	\$	

TOTAL MONTHLY EXPENSES:

I hereby authorize representatives of Utah Youth Village to make whatever inquiries necessary to verify the information furnished on this form, or to release any information regarding this placement on any insurance company or third party to seek settlement of this account. I hereby state that to the best of my knowledge, the information given above is true and complete.

Responsible Party

Date

Spouse

Date

Witness

Date

FINANCIAL AND/OR PAYMENT DETERMINATION

Private Pay Amount \$ _____

Scholarship Amount \$ _____

Full Scholarship Paid by Utah Youth Village \$ _____

Wayne Arner, Families First Director

Date