



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**

	<b>MONTHLY PAYMENT</b>	<b>BALANCE</b>	<b>COMMENTS/PURPOSE</b>
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