

The Tesfa Alliance

Financial Counseling Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Your Situation

Describe your situation, including circumstances.

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Your Finances

Describe your need for financial counseling.

How many members are there in your immediate family (give ages)?	
How much did your family make last year?	
How much will you make this year (estimate)?	

What you are doing

Tell us what you are actively doing to better manage your finances.

Tell us about you

Describe your home life, activities, and marriage.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for financial counseling, any false statements, omissions, or other misrepresentations made by me on this application may result in removal from the counseling program.

Name (printed)	
Signature	
Date	

How to Submit

Upon completion of this form, please mail it the following address:

The Tesfa Alliance
4540 Southern Parkway
Louisville, KY 40214-1415

Please include your tax return for the previous two (2) years.

Thank you for completing this application form and for your interest!