



CARNEGIE HERO FUND COMMISSION

436 Seventh Ave., Suite 1101 Pittsburgh, PA 15219-1841
412-281-1302 | 1-800-447-8900 | fax: 412-281-5751 | carnegiehero.org

Confidential Financial Report

Case of: _____ File Number: _____
Your name: _____ Date of Birth: ____/____/____
Mailing address (include city, state, and zip): _____
Home address (if different than above): _____

Dependents: On the back of this form, please complete the information for each of the awardee's dependents.

For posthumous/disabled awardees only:

Amount of life insurance left by awardee: \$ _____ Paid to: _____
Remaining balance of policy proceeds: \$ _____
Amount of funds given to awardee's family through Go Fund Me/donations/fundraisers, etc.: \$ _____
Remaining balance: \$ _____

NOTE: The following questions pertain to the finances of the entire household, even though not all members of the household may have been dependents of the awardee.

RESIDENCE

- If you own your home, what is its present value? \$ _____
If there is a mortgage on the property, list balance: \$ _____ monthly payment: \$ _____
- If you own other property, what is its present value? \$ _____
If there is a mortgage on the property, list balance: \$ _____ monthly payment: \$ _____
Please describe this property: _____

ASSETS

- Checking \$ _____
- Savings \$ _____
- Retirement plans \$ _____
- Investments \$ _____
- Vehicles \$ _____
- Other property \$ _____
- Total assets** \$ _____

MONTHLY INCOME*

- Net wages \$ _____
- Savings interest \$ _____
- Investment income \$ _____
- Social Security \$ _____
- Pension/Retirement \$ _____
- Worker's Compensation \$ _____
- SNAP/food stamps \$ _____
- Supplemental Security Income (SSI) \$ _____
- All other income \$ _____
(please specify) _____
- Total Monthly Income:** \$ _____

DEBTS

- Loans \$ _____
- Credit Cards \$ _____
- Medical \$ _____
- Other debts \$ _____
- Total debts** \$ _____

MONTHLY EXPENSES

- Rent or Mortgage \$ _____
- Groceries \$ _____
- Home maintenance \$ _____
- Insurance (car, house, life) \$ _____
- Healthcare coverage \$ _____
- Taxes \$ _____
- Installment payments \$ _____
- Vehicle operation \$ _____
- Utilities \$ _____
- Medical care \$ _____
- Other \$ _____
- Total Monthly Expenses** \$ _____

*****For each source of income listed in this section, please provide a copy of documentation confirming payment (pay stub, bank statement, benefit determination correspondence, etc.) OR submit originals and we will return upon receipt.*****

Signature: _____ Date: _____

Terms and Privacy Notice: Your answers in or relating to this form, including your personal information, will be subject to our terms & conditions (see <http://carnegiehero.org/terms-conditions/>), including our privacy notice (see <http://carnegiehero.org/privacy-policy/>). For a mailed/emailed copy, please call us at 412-281-1302. Submitting this form will be your consent to those documents. (Revised: 08/2020)

DEPENDENTS

Name: _____

Relationship to Awardee: _____ Date of Birth/Age: _____

If minor, list name and relationship of guardian: _____

Address (if different from person completing form): _____

City/State/Zip: _____

Name: _____

Relationship to Awardee: _____ Date of Birth/Age: _____

If minor, list name and relationship of guardian: _____

Address (if different from person completing form): _____

City/State/Zip: _____

Name: _____

Relationship to Awardee: _____ Date of Birth/Age: _____

If minor, list name and relationship of guardian: _____

Address (if different from person completing form): _____

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