



Monthly Expenses	Amount
Mortgage/Rent	+
2nd Mortgage	+
Utilities (electric, gas, water, trash)	+
Telephone (cell, pager)	+
Food	+
Childcare	+
Child Support/Alimony	+
Media connection (cable/satellite/internet)	+
Minimum monthly credit card payments	+
Medical/dental (not covered by insurance)	+
Insurance (car, house, life, etc)	+
Car payment	+
2nd Car Payment	+
Vehicle (gas, maintenance, tags)	+
School	+
Association/membership fees	+
List other monthly payment-	+
List other monthly payment-	+
<b>Total Monthly Expenses</b>	= <input type="text"/>

Payroll & Additional Income	Amount
Gross bi-weekly pay (participant)	+
Federal tax withheld	-
State tax withheld	-
FICA withheld	-
Retirement premiums (IPERS)	-
Health premiums	-
Dental premiums	-
Life premiums	-
Flexible spending deductions	-
Union dues	-
Net bi-weekly pay	=
<b>Net Monthly</b> (Net bi-weekly x 2)	=
Monthly extra income (participant)	+
Monthly 2 <sup>nd</sup> income earner	+
Other monthly income (SS, pension, etc)	+
Monthly alimony/child support	+
Monthly investment income	+
<b>Total Monthly Household Income</b>	= <input type="text"/>

Total Available Income	Amount
Total Monthly Household Income	+
Total Monthly Expenses	-
<b>Total Available Income</b>	= <input type="text"/>

Description of Debt to be paid (select reason for request below & attach IRS required documents-see p. 1)	Amount
<input type="checkbox"/> Non-reimbursed medical expense Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached +
<input type="checkbox"/> Funeral expenses Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached +
<input type="checkbox"/> Threat of foreclosure or eviction Number of months behind _____	<input type="checkbox"/> Documents attached +
<input type="checkbox"/> Property damage not covered by insurance Describe: _____	<input type="checkbox"/> Documents attached +
<input type="checkbox"/> Loss of wages Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached +
<input type="checkbox"/> Other (describe) Describe: _____	<input type="checkbox"/> Documents attached +
<b>Total Amount Needed</b> (to satisfy qualified expenses only)	= <input type="text"/>

<b>Submit Form &amp; Current Supporting Documents</b>	DAS-HRE		
	<b>Mail to:</b> Attention: Terri Marshall 1305 E. Walnut Des Moines, IA 50319	<b>Fax:</b> 515-281-5102	<b>Scan/email:</b> <a href="mailto:terri.marshall@iowa.gov">terri.marshall@iowa.gov</a>

**State of Iowa Retirement Investors' Club (RIC)**  
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