

Please explain in clear handwriting what your needs are:

How did you hear about us? _____ Best time(s) to telephone you: ___

General Questions:

Husband's Name (include last name)	Teudat Zehut / Visa Number		
Wife's Name (include last name)	Teudat Zehut / Visa Number	Cell Phone	
Full Home Address (include CITY)		Home Phor	ne
Husband's Email	Wife's Email	-	Aliyah Date

Additional Questions:

Do you have a Social Worker	Do you have a file with the Revacha Do you own a Car				
Are you receiving Financial Assistance from any Programs Currently?					

Employment Details: (If more than one, please include details)

Employment - Husband	Description	DOB (Date of Birth)
Employment - Wife	Description	DOB (Date of Birth)



Housing Questions:

Do you currently Rent		Monthly Rental Amount		Do you receive Gov't Rental Assistance	
If yes, when did Gov't Assistance Start	Amount per month		Did you ever a	apply for an APARTMENT from the Gov't	

Do you Own your Home	Do you have a Mortgage		Monthly Mortgage Amount		
Current Value of the Home	Fu	II Mortgage Balance		When did you buy the Property	
Do you Own Any Additional Property	Сι	irrent Property Value(s)		Mortgage Balance(s)	
Total Rental Income	Ar	Are you listed on the Deed		When did you Buy this Property	
Have you ever sold an apartment in Israel		If yes, when was it sold	Are	e you listed on ANY Deed	
Have you ever applied to Ministry of Housing		If yes, when were you approved		What branch are you affiliated with	

Additional Notes:



Mortgage / Investment Questions:

Are you interested in an Investment Property		Are you willing to take out a Mortgage		Have you been Pre-Approved
If yes, at which Bank	Have you eve	r been	turned down for a Mortgage	If yes, at which bank
Cash Available towards Purchase		Any other funds available towards the investment - where		

Income: (Monthly)

Husband's Income
Wife's Income
Rental Assistance from Organizations
Children – Kitzbat Yeladim
Unemployment
Rental Income from Apt / Investment
Long Term Disability – Siudi - סיעודי
Bituach Leumi Nehut (%)
Bituach Leumi Nehut (%)
Bituach Leumi Nehut (%)
Bituach Leumi Nayadut (%)
Sherutim Meyuhadim - שר"מ
Parents
Gmach
Additional Income

Expenses: (Monthly)

Rent	
Mortgage	
Average Utilities	
Tuition	
Tutoring	
Therapy #1	
Therapy #2	
Therapy #3	
Health Insurance	
Prescriptions	
Food	
Transportation Expenses	
Foreign Worker – Oved Zar	
Other:	
Total Debt Outstanding (not including Mortgages)	

Additional Notes:



List all Family Members (whether there is a medical issue or not)

Kupah: Meuhedet / Clalit / Leumit / Maccabi

Name	Age	Therapies, Diagnosis, Disability, Medications
1.		
2.		
-		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		