

Financial Assessment Form

A **financial assessment form** sample for employee benefits helps organizations evaluate the financial needs and eligibility of their employees effectively. This form collects essential financial information to determine suitable benefit options and support. Utilizing a standardized template ensures accuracy and consistency in the assessment process.

Employee Information

Employee Name		Employee ID	
Department		Position/Title	
Contact Number		Email Address	

Household Financial Information

Monthly Household Income	
Other Income (specify source)	
Number of Household Members	
Dependents (number & relationship)	

Expenses Overview

Expense Type	Monthly Amount
Mortgage/Rent	
Utilities	
Groceries	
Childcare/Education	
Healthcare/Insurance	
Other (please specify)	

Requested Employee Benefits

<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Housing Allowance
<input type="checkbox"/> Childcare Support	<input type="checkbox"/> Transportation Allowance
<input type="checkbox"/> Emergency Assistance	<input type="checkbox"/> Other: _____

Supporting Documents

- Recent payslip / proof of income
- Rent/Mortgage statement
- Utility bills
- Any other supporting documents

Declaration & Signature

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I

understand that providing false or misleading information may result in disqualification from receiving employee benefits.

Employee Signature		Date	
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