



## Financial Information

Chapter: \_\_\_\_\_ Date form submitted: \_\_\_\_\_  
 Person(s) Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_

In the left hand blank, place the letter "P" by information that may be released to and/or published for prospective members and parents. Place the letter "C" by information which may be released to other chapter advisors, chapter officers, and/or house corporations. Place the letter "G" by information which may only be used by the Greek Affairs Staff.

**Please call the Greek Affairs Office (257-3151) if you have any questions about this form.**

\_\_\_\_\_ A. Chapter House Costs:

1. Total House Capacity: \_\_\_\_\_
2. Total House Occupancy this Semester: \_\_\_\_\_
3. Breakdown of Class/Status of Occupants:
 

a. Active	_____	Boarders	_____
Pledge/New	_____	Other	_____
b. Freshman	_____	Senior	_____
Sophomore	_____	Graduate	_____
Junior	_____	Other	_____
4. Semester Chapter Operation Costs:
 

a. Rent/Lease	_____	d. Food	_____
b. Utilities	_____	e. Employees	_____
c. Maintenance	_____		

\_\_\_\_\_ B. Costs which are only paid one time per individual:

1. Chapter Pledge/Membership Fee \$ \_\_\_\_\_
2. National Pledge/Membership Fee \_\_\_\_\_
3. Chapter Initiation Fee \_\_\_\_\_
4. National Initiation Fee \_\_\_\_\_
5. Badge/Pin (if required) \_\_\_\_\_
6. Building/Alumni Fee \_\_\_\_\_
7. One time discount on dues/fees \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_ **Total One time Cost** \$ \_\_\_\_\_

\_\_\_\_\_ C. Average Semester Membership Costs per individual:

1. Chapter Dues \$ \_\_\_\_\_
2. National Dues \_\_\_\_\_
3. Building Fund \_\_\_\_\_
4. Insurance \_\_\_\_\_
5. In-House Rent \_\_\_\_\_
6. Out-of-House Fee \_\_\_\_\_
7. In-House Meal Plan \_\_\_\_\_ **Total Active In-House** \$ \_\_\_\_\_  
 (Includes \_\_\_\_\_ meals per week) **Total Active Out-**
8. Out-of-House Meal Plan \_\_\_\_\_ **of-House** \$ \_\_\_\_\_  
 (Includes \_\_\_\_\_ meals per week) **Total Pledge / New**
9. \_\_\_\_\_ **Member Cost** \$ \_\_\_\_\_
10. \_\_\_\_\_ (one time cost + out of house cost)

\_\_\_\_\_ D. Special Assessment Costs:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_ E. Contact Information

1. House Corporation Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Chapter Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

3. Person Responsible for Paying Bills: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

F. Chapter Employees

1. House Director

- a. Basic salary paid to house director per semester: \$ \_\_\_\_\_
- b. Car Allowance: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, \$ \_\_\_\_\_ / semester \$ \_\_\_\_\_
- c. Other Compensation: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please specify with the value of the benefit per semester.
- |                                   |          |
|-----------------------------------|----------|
| Health Insurance                  | \$ _____ |
| Life Insurance                    | \$ _____ |
| Disability Insurance              | \$ _____ |
| Cable TV                          | \$ _____ |
| Telephone                         | \$ _____ |
| Parking                           | \$ _____ |
| Professional Conferences/Training | \$ _____ |
| Other (Please Specify)            | \$ _____ |
| _____                             | \$ _____ |
| _____                             | \$ _____ |
| _____                             | \$ _____ |
- Total of Other Compensation \$ \_\_\_\_\_
- TOTAL COMPENSATION** \$ \_\_\_\_\_
- d. Number of years the House Director has been employed by the House Corporation \_\_\_\_\_.
- e. Please describe how much time off is provided to the House Director (i.e., one weekend per semester, school holidays). \_\_\_\_\_  
 \_\_\_\_\_
- f. Who has direct supervisory responsibility for your House Director? \_\_\_\_\_
- g. Please include any additional information that would be beneficial in explaining your House Director Compensation package. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Other Employee(s) (Specify: \_\_\_\_\_) (Include additional sheets as necessary)

- a. Is he/she paid by the hour? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, \$ \_\_\_\_\_/hour \_\_\_\_\_ hours/week \_\_\_\_\_ weeks/semester = \$ \_\_\_\_\_
- b. Is he/she paid by the day? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, \$ \_\_\_\_\_/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/semester = \$ \_\_\_\_\_
- c. Is he/she paid by the week? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, \$ \_\_\_\_\_/week \_\_\_\_\_ weeks/semester = \$ \_\_\_\_\_
- d. Is he/she paid by the month? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, \$ \_\_\_\_\_/month \_\_\_\_\_ months/semester = \$ \_\_\_\_\_
- e. Please specify any other compensation paid to him/her per semester.
- |                        |          |
|------------------------|----------|
| Health Insurance       | \$ _____ |
| Life Insurance         | \$ _____ |
| Disability Insurance   | \$ _____ |
| Parking                | \$ _____ |
| Other (Please Specify) | \$ _____ |
| _____                  | \$ _____ |
| _____                  | \$ _____ |
| _____                  | \$ _____ |
- Total of Other Compensation \$ \_\_\_\_\_
- TOTAL COMPENSATION** \$ \_\_\_\_\_
- f. How long has he/she been employed by the chapter? \_\_\_\_\_
- g. Who has direct supervisory responsibility for him/her? \_\_\_\_\_
- h. How many meals does he/she prepare each week? \_\_\_\_\_
- i. Please explain what type of contract he/she has. \_\_\_\_\_  
 \_\_\_\_\_

l. Does he/she usually file for unemployment compensation during the summer months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 We certify that the above information is correct and will provide updates if the information changes

\_\_\_\_\_  
 Chapter Treasurer

\_\_\_\_\_  
 House Corporation Treasurer/President

