



## Financial Assistance Program Application

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list all adults/children living at the same residence including yourself:**

Name	Grade	Age	Gender	DOB	Relationship to Applicant	Program Assistance Request For
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Important: This applicant will not be processed without the following pieces of documentation:**  
**Household definition is: All individuals who reside in the same house (whether supported by applicant or not)**

1. Copies of all household members last paycheck stub from current or most recent employer.
2. Copies of all adults' most recent Federal Income tax return.
3. Copies of all Child Support, Alimony, Social Security and Retirement Income.
4. Proof of public assistance if applicable: Food Stamps/TANF, Medicaid, WIC.
5. Human Services Eligibility Representative.

Services Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<u>Type of Income</u>	<u>Amount</u>	<u>Frequency</u>
Wages/Salaries	_____	_____
Social Security	_____	_____
Food Stamps	_____	_____
Unemployment	_____	_____
Child Support/Alimony	_____	_____
Pension/Retirement	_____	_____
Other	_____	_____
<b>TOTAL INCOME</b>	_____	_____

**Unusual circumstances or Special Accommodations:**  
 (If additional space is required please attach sheet)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department Use Only:	
Date Received:	_____
Date Reviewed:	_____
Reviewer:	_____
All Documentation Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by:	_____
Date Approved:	_____
Discount %:	_____ %
Reevaluate Every:	<input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 1
Next Evaluation Due:	_____
Disapproved by:	_____
Reason:	_____
Application #:	_____