

Financial Assistance Application



APPLICANT INFORMATION

Name _____ DOB _____

Address _____ City _____ Zip _____

Phone _____ Email _____

ALL PERSONS LIVING IN THE HOUSEHOLD

Name	Relationship	Age

TO QUALIFY, INDICATE THE AMOUNT YOU RECEIVE EACH MONTH AND PROVIDE THE DOCUMENTS TO SUPPORT YOUR INFORMATION:

	Person 1	Person 2		Person 1	Person 2
Investment Accounts	\$ _____	\$ _____	Social Security plus premium, or Disability	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	Trust (<i>value</i>)	\$ _____	\$ _____
Other Income (<i>rentals etc.</i>)	\$ _____	\$ _____	Wages	\$ _____	\$ _____

TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

- I filed Federal Taxes for last year
 I did not file Federal Taxes for last year
 We filed more than one tax form in our household and we are providing ___ 1040 forms

\$ _____ I am requesting financial assistance for the following: (*please check box*)
 Total Annual Household Income
 Nutrition
 Chore Services
 Wellness Center Membership

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income that is not represented above. I agree, if necessary to send additional information and documentation to support the above statements. 50 North reserves the right to request additional information when necessary. I understand that subsidy assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

 Signature of the person completing this form Date

For Office Use Only:					
Approved	Yes _____	No _____			
Category	A	B	C	Staff Initials _____	Date _____