



*Notice to Applicant: All information must be true and accurate. False filings will be reported and submission doesn't guarantee approval.*

**APPLICATION FOR FINANCIAL ASSISTANCE**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
*Must be legal guardian of child*

Address \_\_\_\_\_

City and Zip \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Submission \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Marital Status \_\_\_\_\_ Current Psychologist \_\_\_\_\_ Phone \_\_\_\_\_

Medications and Dosage \_\_\_\_\_

Diagnosed Issue    ADHD \_\_\_ ODD \_\_\_ Bi-Polar \_\_\_ Other \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current GPA \_\_\_\_\_

***Financial Section***

***Members of Household***

NAME	RELATIONSHIP	AGE	OCCUPATION	ANNUAL INCOME

**Monthly Expenses**

Rent / Mortgage	\$ _____	Mortgage Balance	\$ _____
Electric / Water / Gas	_____		
Phone (include cell, cable and internet)	_____		
Car Payment	_____	Loan Balance	\$ _____
Car Insurance	_____	Type/Vehicle Year	_____
Health / Life Insurance	_____		
Other Insurance	_____		
Food	_____		
Medication	_____		
Credit Cards	_____		
Gas (Auto)	_____		
Other	_____		
Other	_____		
Other Loans	_____		
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>		

**Monthly Family Income**

SS / SSI / SSDI	\$ _____
Employment Wages	_____
Pension	_____
Unemployment	_____
Food Stamps	_____
Workers Compensation	_____
Short / Long Term Disability	_____
Child Support	_____
Alimony	_____
Investments	_____
Other Income	_____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

**Please submit W-2's, tax returns, bank statements and other verifiable documents listed below as referenced.**

*The last 2 years of W-2's (and tax returns)  
Leases or rental agreements for housing  
3 Months of all bank statements*

**Do you receive**

Financial aid elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Stamps**

Have you ever applied for Food Stamps Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_  
Did you receive Food Stamps Yes \_\_\_\_\_ No \_\_\_\_\_ Were you denied \_\_\_\_\_  
How much did you receive \$ \_\_\_\_\_

Form Completed By \_\_\_\_\_

**Special Notes**

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*I hereby certify that all information I have provided is accurate and my statements of need are truthful. By signing below, I authorize The Parc Foundation to share personal information collected about me or my family in its possession, including but not limited to name, address and other personal and identifiable information, and the type of assistance requested or received from this organization, with vendors and other community agencies and resources in order to confirm the need for or provision of the requested assistance.*

***Please note... that if at any time, a change in circumstance occurs, this must be communicated with The Parc Foundation immediately.***

\_\_\_\_\_  
**Signed By**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**For Internal Use  
Determination** \_\_\_\_\_

**Assistance Granted** \_\_\_\_\_

**Funds Source** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_