



## FINANCIAL ASSISTANCE APPLICATION

### \*\*\* IMPORTANT \*\*\*

In order for a Financial Assistance request to be processed, the following information **MUST** be returned with this completed Financial Assistance Application. Please do **NOT** send original documents:

- All sources of income for the last three (3) months.
- Most recent three (3) months of pay stubs or SSI.
- Statements from checking and savings accounts, certificates of deposit, stocks, bonds, money market accounts, etc.
- Most recent state/federal income tax forms including Schedules C, D, E and F, if applicable, and W-2s.

Please print pdf, scan and email completed application to [admin@hecuresall.org](mailto:admin@hecuresall.org) or send to:

He Cures All Foundation  
PO Box 18408  
Reno, NV 89511

### APPLICANT INFORMATION:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Marital Status: \_\_\_\_\_ (*Married/Single/Divorced*)

\_\_\_\_\_ # of Dependents: \_\_\_\_\_

### EMPLOYMENT/INCOME INFORMATION:

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (*Week/Month*)

\_\_\_\_\_ # of Years: \_\_\_\_\_

**SPOUSE EMPLOYMENT/INCOME INFORMATION:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Week/Month)

\_\_\_\_\_ # of Years: \_\_\_\_

**OTHER MONTHLY INCOME INFORMATION:**

VA Benefits: \$ \_\_\_\_\_ Retirement: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**ASSETS:**

Checking Account Balance: \$ \_\_\_\_\_ Saving Account Balance: \$ \_\_\_\_\_ Other Asset(s)

Balance(s): \$ \_\_\_\_\_ (CDs, Stocks, Bonds, Money Market Accounts, etc.)

**Total ALL Assets: \$ \_\_\_\_\_**

**MONTHLY EXPENSES:**

Rent/Mortgage	\$ _____	Utilities	\$ _____
Food	\$ _____	Charge Cards	\$ _____
Auto Payment(s)	\$ _____	Auto Insurance(s)	\$ _____
Medical Expense(s)	\$ _____	Pharmacy	\$ _____
Child Care	\$ _____	Other	\$ _____

**Total ALL Monthly Expenses: \$ \_\_\_\_\_**

**REAL ESTATE:**

Estimated Value of Home: \$ \_\_\_\_\_ Mortgage Balance(s): \$ \_\_\_\_\_

**I hereby certify that the answers I have given are true and correct to the best of my knowledge.**

**I agree to tell the foundation within 10 days if there are changes in my (or the person's on whose behalf I am acting) income, property, expenses, number of persons in the household or change of address.**

**I understand that I may be asked to prove my statements, and that my eligibility statements may be subject to verification by contact with my employer, bank, credit providers and property searches.**

**I understand that the foundation is required by law to keep any information I provide confidential.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_