Financial Assistance Application



APPLICANT INFORMATION

Address Email	Name				DOB		
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 (value) \$ \$ Other Income (rentals etc.) \$ \$ Wages \$ \$ TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS I filled 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 Welness 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. Lagree, 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	Address			City		Zip	
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	Signature of the per	rson completing th	is form		Date		
Approved Yes No	For Office Use Only	<i>/</i> :.					
Category A B C Staff Initials Date			- Staff Initials		Date		