



Application for Financial Assistance
*For Funding through
Blue Ridge Speech & Hearing Center*

Please print clearly

Client: _____ DOB: _____

Purpose for Funding: _____

Responsible Party: _____

Address: _____

County of residence: _____

Telephone: Home: _____ Work: _____

Employer: _____

Occupation: _____ Annual Salary: _____

Spouse Employer: _____

Occupation: _____ Annual Salary: _____

All Residents in Home – Please list names and ages:

Insurance Company: _____

ID #: _____ Policy/Group # _____

Medicare Coverage: Yes: _____ No: _____ # _____

Medicaid Coverage: Yes: _____ No: _____ # _____

Financial Data

Please complete the following providing estimates of the approximate current value of your assets. Please include information for yourself and spouse. **Please provide a complete copy of your most recent Federal Income Tax Return** with your completed application.

ASSETS	Value of Asset
Residence	\$
Other real estate (note location)	\$
Other real estate (note location)	\$
Checking Accounts	\$
Savings Accounts	\$
Money Market Accounts	\$
Certificates of Deposit	\$
Notes Receivables (Debt owed to you)	\$
Stock Options	\$
Stocks, Bonds and Mutual Funds (not IRA or 401K plans)	\$
Business Interests	\$
Automobiles	\$
Personal Effects	\$
Household Goods	\$
Other/Misc	\$
TOTAL ASSETS	\$
LIABILITIES	\$
Home Mortgage	\$
Home Equity Loan	\$
Other Real Estate Mortgage(s)	\$
Other Loans/Debts: (list)	\$
Other Loans/Debts: (list)	\$
Other Loans/Debts: (list)	\$
Other Loans/Debts: (list)	\$
TOTAL LIABILITIES	\$

PENSION PLANS (e.g. IRAs, 401k, Profit Sharing, Pension Plans, Etc.)	
Description of Plan	Current Value
	\$
	\$
	\$
	\$

List Annual Income with attached verification:

List Annual Expenses with attached verification:

PLEASE NOTE ANY ADDITIONAL INFORMATION THAT MAY BE IMPORTANT IN CONSIDERING YOUR REQUEST.

Your signature below will indicate that this information is **accurate** and **complete**.

Signature _____ **Date:** _____

Please return your completed application and complete copy of your most recent Federal Income Tax Return to:

Barbara A. Simpson, LCSW, BCD
 President & CEO
 Blue Ridge Speech and Hearing Center
 19465 Deerfield Ave., Suite 201
 Lansdowne, VA 20176 FAX 703-858-7657

For Internal use:

CLIENT RESPONSIBLE FOR _____ % of cost.

President/CEO _____ Date _____