

SHERIDAN
HOUSE ORG
Answers for Today's Family
Counseling Center

Request for Financial Assistance

Name: _____ Date: _____

Phone #: (Home) _____ May we leave a message here? Yes No

(Cell) _____ May we leave a message here? Yes No

(Office) _____ May we leave a message here? Yes No

Address: _____

City: _____ Zip: _____

Date of Birth: ____/____/____ Referred by: _____

Are you? Single Married Separated Divorced

Widowed Grandparent (Primary Caregiver)

Number of Children in your Care: _____

Name of Church: _____ Active Inactive

Are you Currently Employed? Yes No

If Yes, Name of Employer: _____ How Long? _____

If unemployed, how long have you been unemployed? _____

Briefly describe your hardship and need for financial assistance:

I have asked for financial assistance from my family: Yes No

I have asked for financial assistance from my home church: Yes No

Assistance Received: Yes No

Annual Household Income

Gross Wages, Salaries, Tips	
Social Security, Pension, Annuity, and Veteran's Benefits	
Alimony, Child Support, Military Family Allotments	
Rent, Interest, Dividend, and Other Income	
Income from Business, Self Employment, and Dependents	
Total Income	

Please Attach a Copy of your Latest IRS 1040 Form and Payroll Statement

I understand that by signing this application, I testify that I have disclosed the information truthfully and to the best of my ability.

Signature

Date

Office Use Only:

Session Fee: _____

Approved by: _____