



# AFFORDABLE ACCESS PROGRAM APPLICATION

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## YOUR PRIVACY IS IMPORTANT TO US

We value our relationship with you. We respect your right to privacy and we do everything we can to protect the information provided to us on behalf of our clients and our volunteers. We ask all volunteers to follow our policies and procedures about client privacy and information sharing.

## WE PROTECT OUR CLIENT'S PRIVACY

- We restrict access to electronic client information by using protected passwords when using business information systems.
- We do not leave client information open or in view at workstations when our volunteers are not there.
- We share client information only with volunteers as needed to complete service to the client.

## REQUIRED INFORMATION

Please provide complete information for the following so that we can process your request for financial assistance. Include a copy of your last two (2) W-2s or payroll stubs with this application.

LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

EMPLOYER'S CONTACT INFORMATION \_\_\_\_\_

Provide a brief statement of why you are requesting financial assistance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your gross annual income before taxes? \_\_\_\_\_

What additional income (if any) do you receive monthly? (ex. alimony, child support, second income, etc.)

\_\_\_\_\_

\_\_\_\_\_

What is your monthly housing cost? \_\_\_\_\_

What additional monthly costs do you have that you would like us to take into consideration?

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**I CONFIRM THAT ALL INFORMATION I HAVE PROVIDED IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.**

I understand that if I have provided inaccurate information or misled Center for the Well Being, Inc. to provide financial assistance under false pretenses, that I am legally responsible to reimburse any and all funds received from Center for the Well Being, Inc. or the equivalent of service providers' payments and transactions.

I understand that completing this form does not qualify me for financial assistance and that my eligibility will be determined after Center for the Well Being, Inc. reviews my information and conducts a background check.

I authorize Center for the Well Being, Inc. to conduct a background check to include confirmation of employment, credit check, and any other information gathering that is directly relevant to determining my eligibility and a decision to grant financial assistance.

**I HAVE READ AND CONCENT TO ALL OF THE ABOVE.**

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Printed Name

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Signature

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Date Signed