S.S.A.F.E. SUFFOLK STABLES ADVANCING FAMILIES THROUGH EQUINES - FINANCIAL ASSISTANCE APPLICATION

**ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE**

*Please print legibly, complete the application in FULL. Blank areas will delay processing.*

**PARENT/GUARDIAN/APPLICANT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: **(REQUIRED- This is our primary source of contact for you)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best phone number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all members of your family that currently live with you (**excluding yourself**) indicate for each child the program you are requesting assistance. Assistance is granted on a **per child per program basis. Do not fill out if applying for yourself.**

**Name: Age: DOB Gender Lesson Lease Show Day trip**

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**List all sources of monthly income below\***

Gross wages/Salary $ \_\_\_\_\_\_\_\_\_\_\_

Attach three most recent and consecutive paystubs

Attach current income tax return

(form 1040, not W-2, with letter schedules#)

Child Support/Alimony $ \_\_\_\_\_\_\_\_\_\_\_

Attach current child support/alimony documentation

Disability/Social Security $ \_\_\_\_\_\_\_\_\_\_\_

Attach current Disability or Social Security statement

Unemployment Compensation $ \_\_\_\_\_\_\_\_\_\_

Attach Unemployment determination document

Other $ \_\_\_\_\_\_\_\_\_\_

Attach supporting documents

TOTAL GROSS INCOME $\_\_\_\_\_\_\_\_\_\_\_

\*Support document are required before processing can begin

Are there any special circumstances we need to be aware of?

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

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Applicant Signature Date of Application