



# Support Healing

## Financial Disclosure Form (Page 1 of 2)

BALANCE	TOTAL COMBINED
Savings Account \$ _____	\$ _____
Checking Account \$ _____	

Income	Self Monthly Income Before Diagnosis	Self Monthly Income After Diagnosis	Spouse Monthly Income Before Diagnosis	Spouse Monthly Income After Diagnosis
Monthly Wages				
Social Security Disability and/or State Disability				
Disability Policy Benefits or Sick Pay from Employer				
Money from Family, Friends, or Fundraisers				
Money from Trust Accounts				
Other: _____				
Other: _____				
<b>Total Monthly Income</b>				

Please include a **COPY** of all bills you wish considered for payment.

**DO NOT SEND ORIGINALS** as they will not be returned to you.

To be considered for payment, the bills **must show all of the following:**

- Your name or the name of your spouse/partner
- Your current address
- Account number
- Current balance due
- Complete address to which payments are to be sent

• IF YOU RENT, you must send a complete copy of your lease/rental agreement, including the name and **complete mailing address** of the person or agency to which payments can be sent.

*\*Please complete the following page*



**Financial Disclosure Form** (Page 2 of 2)

Expense	Monthly Amount	Copy of Bill Included
Mortgage / Rent		
Auto Loan		
Health Insurance		
Utilities (gas, electric, etc.)		
Internet / Cable		
Telephone		
Groceries		
Home Insurance		
Auto Insurance		
Life Insurance		
Child Support		
Other:		
Other:		
<b>Total Expenses:</b>		

Mail completed application and all supporting documents to:

**SUPPORT HEALING**  
**4924 Balboa Blvd.**  
**#547**  
**Encino, CA 91316**

*\*I understand that if I have falsified information on my application for funding or have withheld information regarding Support Healing's definition of active treatment or my employment status, I will be required to immediately reimburse Support Healing for any payments administered on my behalf.*

**Support Healing reserves the right, in its sole discretion, to suspend any further payments that I have been awarded.** \_\_\_\_\_ (please print name)

\_\_\_\_\_ (please sign)

\*Please Note: If you have started receiving Social Security Disability payments, you are not eligible for financial assistance through Support Healing.