

VELOCITY AFTERSCHOOL FINANCIAL ASSISTANCE APPLICATION

HOUSEHOLD INFORMATION

Do you need an interpreter? Yes No If Yes, list preferred language: _____

Does the patient receive state public services such as TANF, Basic Food, or WIC? Yes No

Is the client currently homeless? Yes No

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you submit your application, we may check all the information and may ask for additional information or proof of income.
- Within 14 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____)	Date of Birth:	Last 4-digits of Social:	Phone:
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Mailing Address:	Email:
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Employment status:

Employed: (Hire Date: _____) Unemployed: (How Long: _____)

Self-Employed Student Disabled Retired Other: _____

HOUSEHOLD INFORMATION

Name	Date of Birth	Relationship to Applicant	Employer Name	Total Gross Monthly Income (Before Taxes)	
<i>Applicant</i>					

All income for the household must be disclosed. Sources of income include, for example:

- Wages
- SSI
- Pension
- Unemployment
- Child/Spousal Support
- Retirement account distributions
- Self-employment
- Disability
- Worker's Compensation
- Work study program (students)
- Other (please explain _____)

INCOME INFORMATION

REMEMBER: You must include proof of income with your application.

You must provide information on your Household's income. Income verification is required to determine financial assistance. All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

EXPENSE INFORMATION

We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses:

Rent/Mortgage: \$ _____	Medical expenses: \$ _____
Insurance Premiums: \$ _____	Utilities: \$ _____
Other Debt/Expenses: \$ _____	

ASSET INFORMATION

This information may be used if your income is above 200% of the Federal Poverty Guidelines.

Current Checking Account Balance: \$ _____

Current Savings Account Balance: \$ _____

Do you have any of these other assets?

Please check all that apply

- Stocks Bonds 401K Own a business
- Health Savings Account(s)
- Trust(s) Property (excluding primary residence)

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, seasonal or temporary income, or personal loss.

APPLICANT AGREEMENT

I understand that OneSource Learning & Development Center, Inc. may verify information by reviewing and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

Signature of Person Applying

Date