



Financial Assistance Program Application

Please return the Financial Assistance Application with your financial documents and completion of the following questions. **ALL** questions must be completed **BEFORE** the application will be reviewed.

Checklist:

- Picture ID
- Proof of income (Only **one** of the following is needed: last 3 pay stubs, last year's tax return, disability letter, or last month's bank statement)
- Completed three-page financial aid application

1. _____
Applicant's Name Applicant's Date of Birth

2. If income is zero "0" on your financial assistance application, please explain how you are living and paying expenses.

Financial Assistance Application



Applicant's Name: Last: _____ First: _____		Age: _____	Date of Birth: _____		Services: <input type="checkbox"/> Adaptive/Medical Fitness <input type="checkbox"/> Club Rec
		Sex M - F	Are you a US Citizen or legal resident alien <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address _____		City _____		State _____	Zip code _____
Marital Status S M D W	Employment Status Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>		Occupation _____	Home Phone or Cell _____	Work Phone _____
Applicant's employer name _____		Employer's Street Address _____		City _____	State _____ Zip code _____
Spouse's employer name _____		Employer's Street Address _____		City _____	State _____ Zip code _____
Are workers' compensation benefits being accessed for these services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of dependents claimed in last year tax return #:					
Dependent's Name _____		Relationship _____		Age _____	
Dependent's Name _____		Relationship _____		Age _____	
Dependent's Name _____		Relationship _____		Age _____	
INCOME AND RESOURCES SECTION					
Gross Monthly Income (before taxes) Applicant \$ _____ Spouse \$ _____				Verification method (required) <input type="checkbox"/> Paystub <input type="checkbox"/> W2 or 1099 <input type="checkbox"/> Retirement award letter <input type="checkbox"/> Court order	
Monthly Retirement: \$ _____	Rental income: \$ _____	Annuity: \$ _____		Other: \$ _____ W, B, M	
Interest/Dividend: \$ _____	SSI: \$ _____	Alimony \$ _____			
If zero income is reported a letter of support or room and board is required					
RESOURCE INFORMATION					
Checking balance: \$ _____ Acct# _____ Saving balance: \$ _____ Acct# _____ CDs balance: \$ _____ Acct# _____				Home equity: \$ _____	
Have you applied for:					
1. Social Security Disability		<input type="checkbox"/> Yes Date: _____		State Applied: _____	
2. Supplemental Security Income		<input type="checkbox"/> Yes Date: _____		State Applied: _____	
3. Medicaid		<input type="checkbox"/> Yes Date: _____		State Applied: _____	
				<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	

I certify that all information on this application is true and correct to the best of my knowledge and that all income and resources are reported. I understand that any approval of financial assistance will be voided by failure to provide accurate financial information. In order to verify the accuracy of the information presented in the application, Sheltering Arms will require documents which may include, but not be limited to, some combination of the following:

- Last 3 paystubs or 2 years tax returns
- Social Security/Disability Certification letter
- Welfare Benefit Letter
- Notarized letter of support
- Bank Account statement for 2 previous months
- Documentation of Virginia Residency
- CDs, Home equity value

Failure to provide the necessary supporting documentation will result in delays and or the potential denial of request for financial assistance. For more information you can visit our website at: www.shelteringarms.com/financial-assistance. You may also contact us with questions at the phone number or email below.

Patient Accounting
Telephone: (804) 363-3787

E-mail: FinancialAssistance@ShelteringArms.com

Applicant /Responsible Party Signature

Relationship

Date

10/03/2024