



## ACCESS FOR EVERYONE

### Request for Financial Assistance

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Number of adults living in household: \_\_\_\_\_ Number of Dependents living in household: \_\_\_\_\_

Do you submit your own Federal and State taxes? Yes [ ] No [ ]

If no, who claims the applicant for tax purposes: \_\_\_\_\_

**The individual requesting financial assistance or the individual who is claiming the applicant for tax purposes must submit a current income tax return along with the application.**

Please list the amount received from each of the following sources for all family members that apply:

Annual Gross Income	\$ _____
Additional person(s) in family Annual Gross Income	\$ _____
Public Aid	\$ _____
SSI/SSDI	\$ _____
Spousal Support	\$ _____
Other, please explain _____	\$ _____
 Total Annual Gross Income from All sources	 \$ _____

Please describe the circumstances/reasons for applying for financial assistance. Include any extraordinary expenses we should take into consideration.

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I am able to pay between \$ \_\_\_\_ and \$ \_\_\_\_ toward the cost per visit/service/program.

Access for Everyone is a program that provides financial support to an individual based on financial need. This support is made possible through fundraising efforts, individual donors, and grants from private foundations.

Financial assistance is not guaranteed even if the applicant meets the criteria. Funds are limited and are awarded at the sole discretion of NeuroBalance Center.

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**DISCLAIMER**

I certify that the information provided in this application is correct to the best of my knowledge.

I understand that that financial assistance through the Access For Everyone program is reviewed on an annual basis and each year a new application and tax information must be completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**--Office Use Only--**

Financial Assistance:             Approved             Denied            Date: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_

Notification date: \_\_\_\_\_