



Financial Assistance Grant for Individuals

Application Guidelines

1. All sections of the application must be completed thoroughly and accurately in order for the organization to review the request. Failure to provide complete and truthful information is a basis for denial.
2. If a family possesses liquid assets in excess of \$5,000, Hunter's Chosen Child reserves the right to request a partial or complete spend-down prior to the approval of financial assistance.
3. In order for a review to take place, the following information must be forwarded by a physician, nurse, social worker, member of the clergy, professional counselor or teacher in order to complete the application for financial assistance. The application cannot be processed until this information is received.
 - Child's name and date of birth or expected due date
 - What type of financial assistance is the family requesting?
 - Have other community resources been utilized?
 - Please include any additional information that would help process this application.

After you complete the application, please forward it to Hunter's Chosen Child by mailing it to:



***Hunter's Chosen Child
Application Processing Department
7120 Hayvenhurst Avenue, Suite 409
Van Nuys, CA 91406***

Confidentiality Statement:

Hunter's Chosen Child maintains all personal and financial information about applicants and their families in the strictest confidence. No information will be divulged to third parties without the prior written authorization of the application or family.



Financial Assistance Grant for Individuals

Application

Date of Application _____

Personal Information – Please print or type and complete all sections accurately

Applicant's name _____ Male Female
(First, Middle Initial, Last)

Date of Birth _____ Place of Birth (State/Country) _____

Social Security Number _____ Primary Language _____

Child's Name _____ Date of Birth or Due Date _____

Permanent Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

How did you hear about Hunter's Chosen Child? Hospital Professional Friend Web
 Other _____

Household Income

Employment of Father/Guardian

Employer _____ Net Monthly Salary _____

Address _____

City _____ State _____ Zip _____

Phone _____

Is Father/Guardian currently on unpaid leave? Yes No

Please attach a copy of your most recent pay stubs reflecting one month's income.

Employment of Mother/Guardian

Employer _____ Net Monthly Salary _____

Address _____

City _____ State _____ Zip _____

Phone _____

Is Mother /Guardian currently on unpaid leave? Yes No

Please attach a copy of your most recent pay stubs reflecting one month's income.

Other Income: SSI _____ Child Support _____ AFDAC _____ WIC _____ Other _____

Banking Information (Please include banking information for all accounts)

Name of Bank _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Checking Account # _____ Savings Account # _____

Name of Bank _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Checking Account # _____ Savings Account # _____

To expedite processing your application, please include a copy of your most recent bank statements. Investments: (Please include information for money market accounts, CDs, mutual funds, stocks, other investments including IRA's or other retirement accounts, and /or employer sponsored retirement plans.

Type of Account _____ Value \$ _____
Type of Account _____ Value \$ _____
Type of Account _____ Value \$ _____
Type of Account _____ Value \$ _____

Principal Residence

Do you own or rent? Own Rent
If you own, what is the approximate value of the home? \$ _____
What is the mortgage loan balance? \$ _____

What is the monthly payment \$ _____

Fundraising

Has money been raised on behalf of the applicant? Yes No
If yes, how much? \$ _____

Name of Bank _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Checking Account # _____ Savings Account # _____

To expedite processing your application, please include a copy of your most recent bank statements.

Type of Account _____ Value \$ _____

Assistance from other organizations

If you have applied for or received assistance from another organization, please list.

Organization _____ Type of Assistance _____
Organization _____ Type of Assistance _____
Organization _____ Type of Assistance _____
Organization _____ Type of Assistance _____

IMPORTANT NOTICE – Please Read

Hunter’s Chosen Child is a charitable organization dependent upon the public for support. Hunter’s Chosen Child tries to do the most it can with the limited resources available. These guidelines are a statement of Hunter’s Chosen Child’s general policy and Hunter’s Chosen Child reserves the right, in its sole discretion, to modify the same at any time without notice.

Approved applicants will be required to execute the enclosed prepared statement by Hunter’s Chosen Child affirming use of funds granted. Hunter’s Chosen Child will pursue restitution, at the applicant’s cost, if it is determined that the information submitted on the application is false.

I have read the Guidelines for Financial Assistance and I declare that the information furnished on this application form, including attached sheets, is true and correct to the best of my knowledge.

Signature of
Mother/Guardian _____ Date _____

Signature of
Father/Guardian _____ Date _____

You will not be discriminated against or denied aid because of your race, religion, color, national origin, sex or political affiliation. All financial applications will be reviewed on a case-by-case basis and final determination will be made based upon other applications submitted and the availability of funds. Hunter’s Chosen Child reserves the right to deviate from the Guidelines when special needs arise. **All information disclosed on this form is confidential.**

CONSENT TO RELEASE INFORMATION

I do hereby authorize all hospitals, financial institutes, schools, and religious organizations to release to Hunter’s Chosen Child, or its duly authorized representative, any information deemed necessary to complete its investigation of my application for financial assistance.

Printed Name of Applicant _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Signature of
Mother/Guardian _____ Date _____

Signature of
Father/Guardian _____ Date _____