



Brian's Cause Application

APPLICANT:

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Current Annual Income: _____

SPOUSE:

Name: _____ Occupation: _____

Current Annual Income: _____

DOCUMENTATION NEEDED:

From patient and spouse -- If patient is a minor, include information for parents and/or legal guardian

- 2 Months of Checking account statements
- Most recent Income Tax Return
- Most recent W-2s
- Current Paystubs
- Copies of Unemployment, Social Security, retirement benefits or any form of income
- Copies of all Debt/Liabilities (current billing statements)
- Copies of Day Care receipts

LIST ALL HOUSEHOLD ASSETS:

Bank, S&L, Credit Union, Investments, Retirement Funds, Properties, and Automobiles	Approximate
Name and Address of Company:	Cash/Market Value:
Account #:	

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL HOUSEHOLD DEBT/ LIABILITIES:

Includes rent, credit cards installment loans, mortgages

Name and Address of Company:	Account #:	Monthly	Balance:
		Payments:	

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**May include credit report dated within 60 days of date of application in lieu of detailed information requested above

I certify that everything I have stated in this application and on any attachments is correct. RMH Foundation may keep this application whether or not it is approved. By signing below I authorize RMH Foundation to check my credit and employment history and to answer questions others may ask RMH Foundation about my credit record with RMH Foundation. I understand that I must update credit information at RMH Foundation's request if my financial condition changes.

Signature: _____