



## Grace in Motion Counseling Financial Assistance Application

Eligibility to receive counseling on a sliding scale fee is based on financial need. Proof of income is required to qualify for financial assistance. This information must be updated annually and anytime your income, household size and /or medical insurance status changes. All information must be submitted prior to scheduling the appointment.

In order for us to process your application, you must submit **ALL** of the documents listed below. The information received will remain confidential.

### Required Documents:

- **Completed** and **signed** Financial Assistance Application
- Signed copy of last years tax return, including Schedule C if self employed. If you do not have a copy of last year's return you may obtain this information by calling the IRS at 1-800-829-0922.  
**OR** if you did not file a tax return
- Copy of W-2's
- If employed, copies of paycheck stubs from the last three current consecutive pay periods.

\*you may be asked for additional information

**Completing the application is not a guarantee you will be approved for the Financial Assistance Program.** You will be contacted by the office after your financial assistance status has been determined.

Sincerely,

*Paige Metzgar*

3504 Industrial Center suite 214  
Fairbanks, AK 99701

**Client Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ employed part time \_\_\_ full time \_\_\_ seasonally \_\_\_

Employer \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Gross salary per Month: \_\_\_\_\_ or Gross salary per Year: \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Gross salary per Month: \_\_\_\_\_ or Gross salary per Year: \_\_\_\_\_

**Monthly expenses:** (please include rent, major bills, child care etc.)

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If you are not working, how are you meeting your monthly expenses?

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**Household Information:** Please list all household members (Exclude yourself)

Name	Relationship	Age	Income	Dependant	
_____	_____	_____	_____	yes	no
_____	_____	_____	_____	yes	no
_____	_____	_____	_____	yes	no
_____	_____	_____	_____	yes	no
_____	_____	_____	_____	yes	no
_____	_____	_____	_____	yes	no

Financial Assistance Application

**Household Financial Information:**

Income Sources	Monthly	Yearly
Wages or Salary	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Military Subsidies (BAH, BAS)	\$ _____	\$ _____
Survivor Benefits	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Income from Dividends	\$ _____	\$ _____
Income from Interest	\$ _____	\$ _____
Scholarships, Grants	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
PFD	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

I authorize GMC , the state and/or federal government to verify information provided on this application. I also authorize all government agencies, employers, financial institutions and any companies, agencies or persons listed herein to provide information about me to GMC to make a determination of my eligibility for financial assistance. I Understand that:

- I am required to report all income received, including gross taxable and non-taxable income which supports annual income. I further understand that all disclosed income will be considered for determination of Financial Assistance and will not be released without proper consent.
- All of the information which I have provided to GMC for myself and on behalf of my family is true and correct to the best of my ability. I further understand that if any of the information is found to be false, my Financial Assistance may be denied.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_