

THE Guidance CENTER

2187 North Vickey Street
Flagstaff, AZ 86004
(928) 527-1899

FINANCIAL ASSISTANCE APPLICATION PLEASE PROVIDE THE FOLLOWING INFORMATION

- Completed and signed application
- Complete copy of signed prior year federal tax returns (if filed)
- AHCCCS determination letter (valid denial or acceptance, you must go through the complete process) or funded program for your individual state, i.e. Medicaid or Medicare. ****Not required for this application, but will be required during review.**
- Proof of total household (18 years of age or older, or 24 years or older for full time students) income which as defined below:
 - 3 months of personal bank statements (all accounts)
 - If employed, 3 consecutive months of check stubs or a letter from you Human Resources Dept. If self-employed, a copy of the federal tax form schedule C
 - If unemployed, copies of Unemployment payments or statement for means of support
 - A copy of the SSA 1099 form if retired and/or on Social Security
 - Copy of any pension benefit letters

If you have any questions please call 928-527-1899, *incomplete applications will be returned.*

Yes No

Yes No

The information provided is accurate and complete to the best of my knowledge. I authorize The Gudance Center (TGC) to contact any person(s) or organization(s) necessary to validate the statements made within this application and authorize said person or organization to release financial information to TGC.

Signature _____ Date _____