

HOPEFUL HEART, INC.

Application For Individual Financial Assistance

(please type or print)

Hopeful Heart, Inc. is an Arizona 501(c)(3) charitable corporation established to give an extra "helping hand" to musicians, writers, artists, dancers, and others in the arts who are facing or have faced medical difficulties and challenges. To qualify for assistance, an individual must make his or her primary living from some form of the arts (including but not limited to music, art, dance, craftsmanship, restoration, etc.). To the greatest extent possible based on available funds, Hopeful Heart strives to provide grants based on the needs of applicants.

APPLICANT INFORMATION

Name _____

Home Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Date of Birth _____
(month/date/year)

How did you hear about Hopeful Heart? (friend, concert, brochure, website, etc.) _____

If you were referred to Hopeful Heart by someone, please provide the referring person's name, address, and telephone number, if known:

(Name)

(Address)

(City, State, Zip)

(Phone)

PROFESSIONAL INFORMATION

Employer: _____
(if self-employed, please state "self")

Providing the information requested in this application is voluntary and will be used solely for the purpose of determining the applicant's eligibility for financial assistance. Any information provided in this application shall be held in the strictest of confidence and shall not be disclosed beyond the Board of Directors of Hopeful Heart or to any third party without the consent of the applicant. Hopeful Heart shall in all instances comply with all applicable federal, state, or local laws and regulations concerning the privacy of information submitted herein.

Job Description: _____

Length of time in current employment/profession: _____

MEDICAL INFORMATION

Please provide a brief description of the medical difficulties and/or challenges you are facing or have faced. Please note that this information will be held in the strictest of confidence and will not be disclosed beyond the Board of Directors of Hopeful Heart without your consent. Please attach additional sheets if necessary.

Please provide the name, address, and phone number for your primary care physician:

(Name)

(Address)

(City, State, Zip)

(Phone)

GRANT REQUEST

Please indicate the amount of assistance you request from Hopeful Heart: \$ _____

This request is for a (please check one)

- one-time grant
- monthly grant for: _____ to _____ (please indicate month/year)
- other (please specify): _____

HEALTH INSURANCE

Do you currently have health insurance? (YES / NO) (circle one). If you answered "YES", please provide the information requested below:

Name of carrier: _____

Policy number: _____

FINANCIAL INFORMATION

Hopeful Heart endeavors to award grants based on the level of need from individual applicants. So that we may determine how best to help you, please provide information below regarding your income and expenses. Please feel free to attach additional sheets if you would like to clarify any information or bring any other matters to our attention.

MONTHLY INCOME

Gross income from employment or professional services: \$ _____

Other income (please describe): _____ \$ _____

Total monthly income \$

MONTHLY LIVING EXPENSES

Mortgage or rent payments: \$ _____

Utilities (water, gas, electric, telephone, etc.) \$ _____

Car payment \$ _____

Other expenses (please describe): _____ \$ _____

Total monthly living expenses \$

MONTHLY MEDICAL EXPENSES

*If you have health insurance, please do **not** include any amount(s) covered under your policy. Please include only your **out-of-pocket** expenses.*

Health insurance premiums (if applicable) \$ _____

Prescriptions and/or medication \$ _____

Other monthly medical expense(s) (please describe):

_____ \$ _____

Total monthly medical expenses

\$

SPECIAL OR OTHER ONE-TIME EXPENSES

*If you have health insurance, please do **not** include any amount(s) covered under your policy. Please include only your **out-of-pocket** expenses.*

<u>Description Of Expense</u>	<u>Expense Already Paid?</u> <small>(please circle one)</small>	<u>Amount Of Expense</u>
_____	Y / N	\$ _____
_____	Y / N	\$ _____
_____	Y / N	\$ _____
_____	Y / N	\$ _____

Total special or one-time expenses:

\$

ASSET INFORMATION

<u>Bank Name</u>	<u>Bank Address</u>	<u>Current Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Tax filing status (please check one):

- Single
- Head of Household
- Married
- Married filing single

Income tax rate (if known): _____%

Please list the name(s) and age(s) of any dependents.

<u>NAME</u>	<u>AGE</u>
_____	_____
_____	_____
_____	_____

CERTIFICATION

In signing and/or submitting this application, I hereby certify that all of the information contained on or with this form is true, correct, and complete to the best of my knowledge. In exchange for Hopeful Heart's consideration and review of my application, I agree to provide proof of the information that I have supplied on this form, if requested, which may include an in-person site visit by a representative of Hopeful Heart. I further authorize Hopeful Heart to verify any of the information provided on this form with any appropriate person, agency, or organization listed herein and agree to hold Hopeful Heart, and/or its directors, officers, agents, representatives, and/or assigns harmless for and against any and all claims arising out of or in connection with this application or any information submitted herewith.

Applicant's Signature

Date Signed

Please return the application to:

**Hopeful Heart, Inc.
P.O. Box 45224
Racine, WI 53404-7027
info@hopefulheart.com**