

**HOPEFUL HEART, INC.**  
**Application For Individual Financial Assistance**  
**“A helping hand for those in the arts”**  
**APPLICATION FORM**  
 (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 their primary living from some form of the arts (including but not limited to music, art, dance, craftsmanship, restoration, etc.).*

**BIOGRAPHICAL INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Seeking assistance for: \_\_\_\_\_ To \_\_\_\_\_  
 (Mo/Day/Yr) (Mo/Day/Yr)

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

If you were referred to Hopeful Heart by someone, please provide their name, address, and telephone number:

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, State, Zip)

\_\_\_\_\_  
 (Phone)

*All information provided in this application shall be held in the strictest of confidence and will be used solely for the purposes of determining the applicant's eligibility for financial assistance. No information contained in this application shall 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 federal, state, or local laws and regulations concerning the privacy of information submitted herein.*

**PROFESSIONAL INFORMATION**

Employer: \_\_\_\_\_  
*(if self-employed, please state "self")*

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. (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)*

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**MEDICAL AND RELATED EXPENSES**

Please provide information regarding medical or other related expenses you have either already incurred or are anticipating. (Please attach additional sheets if necessary)

<u>Description Of Expense</u>	<u>Expense Already Paid?</u> <i>(please circle one)</i>	<u>Amount Of Expense</u>
_____	Y / N	\$ _____
_____	Y / N	\$ _____
_____	Y / N	\$ _____
_____	Y / N	\$ _____
<b>TOTAL EXPENSES:</b>		\$ _____

**INCOME AND FINANCIAL INFORMATION**

Monthly income from employment or professional services: \$ \_\_\_\_\_

Other current monthly income (please identify source): \$ \_\_\_\_\_

Please provide the following information for your cash, savings, and checking accounts:

**ASSET INFORMATION**

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

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Tax filing status (please check one):

- Single  
 Head of Household  
 Married  
 Married filing single

Please list the names, ages and Social Security Numbers of any dependents

<u>NAME</u>	<u>AGE</u>	<u>SSN</u>
_____	_____	_____ - _____ - _____
_____	_____	_____ - _____ - _____
_____	_____	_____ - _____ - _____

**CERTIFICATION:**

I certify that all of the information contained on this form is true and complete to the best of my knowledge. If requested, I agree to provide proof of the information that I have supplied on this form, which may include an in-person site visit by a representative of Hopeful Heart.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

**Please return the application to:**

**Hopeful Heart, Inc.**  
**P.O. Box 45224**  
**Racine, WI 53404-7027**

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