



CELTIC CARA FINANCIAL ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant Name		
Applicant Address		
City	State	Zip Code
Home Phone	Mobile Phone	E-mail
<p>Family Information: (please list everyone residing with you if applicable)</p>	Name:	
	Relationship to Applicant:	
	Name:	
	Relationship to Applicant:	
	Name:	
Relationship to Applicant:		
Name:		
Relationship to Applicant:		
Name:		
Relationship to Applicant:		
Name:		
Relationship to Applicant:		

**Please explain why you
need assistance**

In order to determine who truly qualifies for financial assistance, we must first require submission of the information listed below to demonstrate financial hardship. Please complete the application and return it with all the following items listed below. If you are unable to supply one of the documents or there are additional factors that may influence the evaluation, please submit a written statement explaining your situation.

Documentation Required:

1. Verification of Address
2. Proof of ID

Signature of Applicant

Date

By signing below you agree to be considered for Financial Assistance. Additionally, you certify that all the statements made on this application are true and complete to the best of your knowledge. Should it be determined that the information you provided is incomplete or false, any financial assistance may be reversed and payment in full may be expected from you.

Applicant Signature _____

Date _____