



Avila's Cancer Fund

avilascancerfund@gmail.com

#### APPLICATION FOR FINANCIAL ASSISTANCE

1. Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_
2. Parent/Legal Guardian Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. ANNUAL Household Income print below. A copy of check stubs (i.e. government assistance, child support, alimony, family assistance, all sources of income):  
\_\_\_\_\_
8. Requested grant amount (\$ amount required): \_\_\_\_\_
9. Do you have a current PG&E 48-hour? \_\_\_\_\_
10. Do you have a utility shut off? \_\_\_\_\_
11. Do you have health insurance? \_\_\_\_\_
12. Have you been served an eviction notice within the last 30 days? \_\_\_\_\_
13. If your grant is intended use is for lodging outside of the Central Valley you must provide a copy of appointment, or the facility information with contact.
14. Intended use of grant – required (if applicable, please provide a copy of your bill) we pay directly to the vendor this should include: name, account number, mailing address, family's name, and dollar amount owed):  
\_\_\_\_\_

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