

Parents and Friends of the Hearing Impaired Application for Financial Assistance

Name of Applicant

Name of Spouse (if married)

Street Address

Children (first names and ages)

City

State

Zip Code

Date of birth

Home Phone Number

Cell Phone Number

Other Dependents

Income and Employment Data

Applicant's employer

Spouse's Employer

Work Telephone Number

Spouse's Work Telephone Number

Applicant's Net Monthly Income from Employment

Spouse's Net Monthly Income from Employment

Applicant's Other Net Income (*include Source and Amount per Month*)

Spouse's Other Net Income (*Include Source and Amount per month*)

Assistance Requested

Dollar Amount Requested

Signature of Applicant

Signature of Spouse

Please describe what you want to use the grant money for. If the application is for a hearing aid, attach an audiogram and dealer's recommendation. Also, attach written documentation of all sources of income.

Comments: