

**Triangle Disability & Autism Services
Financial Assistance Application**

Participant Name:
Parent/Legal Guardian(s):

This Financial Assistance Application is to determine financial assistance eligibility for Triangle Disability & Autism Services programs and services.

**If form is not fully completed, financial assistance will not be considered.
This includes all supporting documentation.**

Number of persons living in the home including participant:	
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Sources of Family* Income (all adults and the participant):	Amount [Monthly]
Total Earnings from Work	\$
Total Earnings from Work	\$
Total Child Support/Alimony/Palimony	\$
Total Unemployment Benefits	\$
Total SSI/SSDI Benefits	\$
Regular income from trusts/estates	\$
Other Income (not listed here)	\$
TOTAL	\$

***For minor children this includes natural parents that do not live in the same household.**

Total Value of funds held in trust or savings for Participant not listed above (this includes but is not limited to: Special Needs Trust, Revocable/Irrevocable Trust, Savings Account, Investment Account)	\$
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Required Documentation:

Include with this form for all adults over 18, living in the home, including the participant. Check all that apply.

- Most recent W-2(s)
- Most recent 2 pay stubs per working individual
- All individual bank statement(s) for the last 2 months
- If applicable: most recent SSI/SSDI statements
- If applicable: most recent trust/investment statements

Once this information is received, Triangle Disability & Autism Services will contact you for any other information and/or with a decision if your family qualifies for financial assistance. **If information is not complete, financial assistance will not be considered.**

This agreement is valid for 1 year (12 months) and will be re-assessed annually.

As a non-profit organization, Triangle Disability & Autism Services encourages families to communicate if their financial situation changes, and financial assistance is no longer needed. Scholarship money is limited and is not guaranteed.

Print Name	Date
<input type="checkbox"/> Participant (if own guardian) <input type="checkbox"/> Parent (under 18) <input type="checkbox"/> Legal Guardian (over 18)	
Signature	

Received by:
Job Title
Signature