PARTNERSHIP FOR Pastoral Counseling
PO Box 19796 * Asheville, NC 28815

**PLEASE RETURN**

**Financial Information**

Applicant Name: _____

Counselor: _____

This form must be completed in it's entirety to allow the Partnership for Pastoral Counseling to accurately provide you with financial assistance for your counseling service.
Please mark with a 0 if not applicable to your situation.

| Income | Applicant | Spouse *If Applicable* | Other Household Members *If Applicable* |
|---|---|---|---|
| **Employment** | **$** | **$** | **$** |
| **Child Support** | **$** | **$** | **$** |
| **Disability/Workman's Compensation** | **$** | **$** | **$** |
| **Public Assistance** | **$** | **$** | **$** |
| **Alimony** | **$** | **$** | **$** |
| **Retirement Benefits** | **$** | **$** | **$** |
| **Other Assets** | **$** | **$** | **$** |
| **Total Income** | **$** | **$** | **$** |

**Documents for verification of income:**

☐ Payroll Stubs for the past 30 days

-OR-

☐ Most recent IRS tax forms
*1st and 2nd pages of 1040/1040ez*

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☐ If self employed please complete self employment verification form.

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Please provide documentation of other forms of income if available: *Please check if including*
☐ Child Support
☐ Unemployment compensation
☐ Social Security Benefits
☐ Government Benefits
☐ Alimony
☐ Other:_____

**In the event that you do not meet the income guidelines (annual household gross income above $50,000) and would still like to apply for benefits due to a financial hardship, please complete Financial Hardship form.**

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**Self Employment Income Verification**

Applicant Name: _____

Counselor: _____

| | |
|---|---|
| **Business Owner** | |
| **Business Name** | |
| **Business Type** | |

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Please record all income related to the business for the past 60 days

| Job | Date | Gross Amount | Net Income |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |

I certify to the best of my knowledge the statements provided here are true and correct. I authorize the Partnership for Pastoral Counseling to verify all information which I have given.

Print Name: _____

Signature: _____

Date: _____

PARTNERSHIP FOR
Pastoral Counseling
PO Box 19796 * Asheville, NC 28815

**Financial Hardship**

Applicant Name: _____

**PLEASE RETURN**

☐ My income has been reduced or lost due to:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐My expenses have increased drastically due to extraordinary unexpected expenses(please list expenses):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Any documentation you can provide will help with the approval process of a financial hardship request: such documents may include: bankruptcy, permanent or short term disability papers, proof of additional dependents (i.e.: adoption, elderly parents or family members).

I certify to the best of my knowledge the statements provided here are true and correct.

Print Name:_____Signature:_____