

WIDE HORIZON, INC.
REQUEST FOR FINANCIAL ASSISTANCE

Name _____

Date _____

Please provide the following information in regard to the applicant.

I. NET WORTH

ASSETS

Checking Account Balance _____

Savings Account Balance _____

Money Market Fund Balance _____

Securities - Market Value _____

Real Estate - Primary Home Value _____

Other Real Estate Value _____

Retirement Accounts (401K, IRA, etc.) _____

Insurance (Cash Value) _____

Automobiles (Yr., Make, Model) _____

Recreational Vehicles (Blue Book Value) _____

Collections/Collectibles _____

Other _____

TOTAL ASSET VALUE _____

LIABILITIES

Current Unpaid Bills _____

Loans (itemize, include due date) _____

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Mortgages (itemize) _____

Other _____

TOTAL LIABILITIES _____

NET WORTH (assets minus liabilities) _____

II. MONTHLY INCOME & EXPENSES

INCOME

Salary _____

Pension _____

Social Security _____

Annuities _____

Investments' Income _____

Other _____

TOTAL INCOME _____

EXPENSES

Living

- Cable TV, Phone, Internet _____
- Food _____
- Utilities _____
- Clothing _____
- Other _____

Fixed Payments

- Mortgage _____
- Insurance _____
- Credit cards _____
- Car loans _____
- Etc. _____

Christian Science Practitioner _____

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Other _____

TOTAL EXPENSES _____

TOTAL INCOME OVER EXPENSES _____

III. OTHER SOURCES OF FINANCIAL ASSISTANCE

Please contact your family members or others who may be able to help you financially and determine whether they can assist in payment of your charges at Wide Horizon. Indicate here who has been contacted and what financial help they can give.

If you are a member of a branch church and/or an Association of Students of a Christian Science Teacher, please determine whether it is able to assist you at this time. Please indicate the results of this inquiry.

Have you dispersed personal assets to others in the past five years? _____

Amount you can pay per month. _____

"Christian Science demonstrates that the patient who pays whatever he is able to pay for being healed, is more apt to recover than he who withholds a slight equivalent for health" (Mary Baker Eddy, *Miscellaneous Writings*, 300:29-32).

Provide any other information that may be helpful.

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The forgoing information is true and correct according to my best knowledge and belief. I hereby apply for financial assistance from Wide Horizon, Inc. I have done my utmost to seek help from family, my church and association for help in paying my bill. I authorize Wide Horizon, on my behalf, to again contact my family members, friends or others, my branch church and my Christian Science Association for financial help for me.

Signature _____ Date _____

Signature of Agent _____ Date _____

NOTE:

Wide Horizon may request that the applicant/patient/POA/family reapply for financial assistance at any time, particularly if financial circumstances of either these said entities or the organization have changed.

It is Wide Horizon's desire to leave each recipient of financial assistance with sufficient resources to move back into the community when their healing is complete. At the same time, it is Wide Horizon's obligation to recoup financial assistance from recipients whenever possible.

Please attach photocopies of your two most recent years' federal tax filings.