



Household Statement of Income and Expenses

HOUSEHOLD INCOME

<u>INCOME TYPE</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
Gross Salary:	\$ _____	\$ _____
Bonuses and Commissions:	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
All Other Income:*	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____

*Please specify the source of "ALL OTHER INCOME" noted above including Grants, Social Security, Medicaid, etc.

Source	Amount	Frequency (weekly, biweekly, monthly)
_____	\$ _____	_____
_____	\$ _____	_____

HOUSEHOLD EXPENSES

<u>EXPENSE</u>	<u>MONTHLY</u>
Mortgage/Rent:	\$ _____
Utilities:	\$ _____
Food:	\$ _____
Home/Auto/Life Insurance:	\$ _____
Transportation/Fuel/Repairs:	\$ _____
Medical Insurance/Bills:	\$ _____
Credit cards/Loans, etc:	\$ _____
TOTAL EXPENSES:	\$ _____

I/we attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I/we voluntarily disclose this information to The Relief Foundation and certify the information to be true and correct. I/we understand that The Relief Foundation reserves the right to refuse my application based on false or incomplete information. I/we further understand that this information will be kept confidential by The Relief Foundation, and will only be released with my/our approval.

This application must be signed before it can be considered.

Applicant Signature: _____

Date: _____

Legal Guardian Signature: _____

Date: _____



Eligibility and Guidelines for Financial Assistance

The Relief Foundation

P.O. Box 410956

Saint Louis, MO 63141

Phone: 314-497-0040

E-mail: therelieffoundation@gmail.com

- Applications and documentation should be faxed to 314-205-0999 or mailed to:

The Relief Foundation

P.O. Box 410956

St. Louis, MO 63141

- What should be included with your application:
 - Proof of income (copy of 2 recent pay stubs or current disability award letter)
 - A statement from your physician on letterhead indicating your diagnosis of Scleroderma
- **If your request is for bills of any kind, travel assistance for medical treatment or evaluation or medication; please include a copy of the bill(s) or a letter, as payments will be made directly.**
- **Applications are reviewed monthly.** Award notification will be sent via email, so please include your email address on the application. If you do not have an email address, notice will be sent by mail. To have an application mailed to you, please call 314-497-0040.
- Financial assistance is available for those individuals (adults or children) living with Scleroderma and have a demonstrated financial need. The amount of assistance requested is not guaranteed and is dependent upon the amounts of donations received and the number of eligible applications.
- There are currently no restrictions on the number of times an individual can apply for assistance; however each application will be subject to the review process.
- No person will be denied or discriminated against because of race, color, national origin, age, sex, disability or sexual orientation.