

ABBA HOUSE, INC. SCHOLARSHIP ASSISTANCE FORM



Instructions on how to apply for the Scholarship Assistance Program

As part of our commitment to serve the body of Christ, Abba House, Inc. elects to provide scholarship assistance to applicants who are indigent and satisfy certain requirements.

Scholarships are not considered a substitute for personal responsibility, and the applicants families are expected to cooperate by providing complete and accurate information so Abba House, Inc. can determine the applicants eligibility for our scholarship assistance program, and contribute to the cost of care based on the individuals ability to pay. Abba House, Inc. does not accept Insurance as we are a self-pay program. For those individuals who are eligible to apply for public assistance, as well as individuals with the capacity to purchase health insurance through the marketplace via <https://www.healthcare.gov>, or by any other means, will be encouraged to do so as a means of assuring access to health care services should they not qualify for the scholarship assistance program.

To determine if you qualify for SAP, we need to obtain certain financial information. Your cooperation will allow for a quick consideration to your request.

Please provide the following information and copies of supporting documentation along with this form and submit it to intake@abbahouse.com.

- IRS Form W-2 and Earnings Statement of all household earnings
- Last two paycheck stubs for _____
- Most current bank statement(s)
- Income tax return for previous tax year
- Governmental assistance, Social Security or Workers Compensation Eligibility
- Unemployment or Disability compensation letter
- Alimony or support payments received
- Proof of U.S. Residency (U.S. Passport, Green Card/Visa, Driver's License, Social Security Card, etc.).
- Notarized letter indicating family member/friend supporting patient

In the event income verification is unavailable, please contact our office for further instructions.

Applications without income verification are considered incomplete and will not be processed.

Name _____	Spouse Name _____
Address _____	Phone _____
Social Security # _____	Spouse Social Security # _____

A: Family Status (List all dependents that you support)

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Total Family Size: _____

B: Employment and Occupation

	Applicant	Spouse
Employer	_____	_____
Position	_____	_____
Contact Person	_____	_____
Contact Phone	_____	_____
If Self Employed, Name of Business	_____	_____

C: Current Monthly Income

	Applicant/Guarantor	Spouse
1. Gross Pay from Employment	_____	_____
2. Income from operating business (self-employed)	_____	_____
3. Other Income	_____	_____
a. Interest & dividends	_____	_____
b. From real estate or rental property	_____	_____
c. Social Security	_____	_____
d. Unemployment	_____	_____
e. Disability	_____	_____
f. Alimony or support payments received	_____	_____
TOTAL (Please Add)	_____	_____

D: Deductions

	Applicant/Guarantor	Spouse
1. Alimony, support payments paid	_____	_____

E: Total Monthly Income

	Applicant/Guarantor	Spouse
Total in box C less total in box D	_____	_____

By signing this form, I/we agree to allow Abba House, Inc. to check employment and credit history purpose of determining my eligibility for assistance.

I/we affirm that all statements on this application are true to the best of my knowledge and belief.

Signature of Applicant/Guarantor Date

Signature of Spouse/Domestic Partner Date

ABBA HOUSE, INC. SCHOLARSHIP EVALUATION FORM

Asset Declaration Form
 Abba House, Inc. Scholarship Assistance Program

Today's Date: _____
 Name: _____
 Phone/Cell #: _____

	Present Value	Held as owner or beneficiary	Held jointly or severally w/another person % share held	If not held in owner's name, state whose name and relationship to member	How acquired? (Purchase, lease, gift, inheritance)
Property:					
Real Estate					
Lands					
Moveable Property:					
Vehicles other than primary					
Motorcycle					
Jewelry					
Recreational Vehicles					
Other Investments					
Investment in banks					
Investment in stock markets					
Investment in companies					
Insurance policies					
Total:					

I/we affirm that all statements on this form are true to the best of my knowledge and belief

 Signature of Patient or Guarantor Date

 Signature of Spouse/Domestic Partner Date