

Optional Form
Handi-Dogs Service Dog Program
Financial Assistance Application

75 S Montego Dr, Tucson AZ 85710 — 520-326-3412 / fax 520-319-8186 — service@handi-dogs.org

- This form is optional. Submit only if you are applying for financial assistance.
- Matching Program applicants are not eligible for financial assistance.
- Proof of income is required
- Applications must be completed in full and include supporting documentation in order to be submitted to the Financial Assistance Committee
- Allow up to 10 business days for review

Please PRINT Clearly
The financial assistance applicant is the student training at Handi-Dogs. If that student is under 18 years of age or has a legal guardian, the financial assistance applicant must be a parent/legal guardian. If the application is being completed by a parent/legal guardian, the student’s name is:

Student Name: ____________________________________________

Applicant’s Name:_________________________________________ Date: ______________________

Address/City/Zip: __________________________________________

Phone: ___________________________ Alt Phone: ___________________________

Email: ____________________________________________________

1) Is the person who the dog will be trained to assist a person under 21 years of age who is chronically ill or physically disabled and whose primary diagnosis is a severe physical condition which may require ongoing medical or surgical intervention?  Yes  No

2) Do you currently receive TANF (Temporary Assistance for Needy Families)?  Yes  No

3) Number of adults (18 years or older) in the household, including you: _________________

4) Number of children in the household (people younger than 18 years): _________________

FINANCIAL ASSISTANCE PROGRAM OVERVIEW
- Handi-Dogs’ standard fees (over $65 per hour) are subsidized by donations received from individuals, foundations, organizations, corporations and other donors. The Financial Assistance Program is intended to provide additional subsidy for those with lower incomes who cannot afford the already subsidized standard training fees. All Handi-Dogs’ students are expected to have the financial means to properly care for their dog’s health and well-being.
- Financial assistance is based on Gross Household Income. A household is defined as any individual or group or individuals who live together at the same address and share income and/or expenses. This includes spouses, domestic partners, parents, adult children, other adult relatives, adult roommates, etc.
- The amount of discount is based on verifiable gross household income.
- Financial assistance is dependent on availability of funding at the time payment for service is due.
- Financial assistance is granted to individuals and is non-transferable.
- Acceptance or denial of financial assistance has no impact on the acceptance of any person or dog into Handi-Dogs’ training program.
- Approved financial assistance is only valid for the first 18 months of training. The student must meet all training requirements during that time to continue to receive financial assistance. Minimum requirements for continuing to receive financial assistance are:
  1. Students must attend a minimum of 4 lessons per month.
  2. All students must demonstrate measurable progress as assessed by Handi-Dogs training staff at their sole discretion.
- Handi-Dogs reserves the right to discontinue financial assistance to any individual at any time, at its sole discretion.
- An applicant’s signature authorizes duly appointed representatives of Handi-Dogs to access any records required to verify the applicant’s statements and to confirm eligibility for financial assistance.
- Applicants submitting paperwork relating to household income / public assistance programs of other adults in their household are fully responsible for obtaining permission from those individuals to have their paperwork submitted to Handi-Dogs for its review.
- Handi-Dogs Financial Assistance Program may change or be cancelled at any time. The Handi-Dogs’ Board of Directors has sole discretion of this program design and when it is offered.

**INCOME & ASSETS**

Applicant must provide income documentation for ALL adults (18 or older) in the household who share income and/or expenses. **This includes spouses, domestic partners, parents, adult children, other adult relatives, adult roommates, etc.**

<table>
<thead>
<tr>
<th>You must check Yes or No in each section</th>
<th>You (Applicant or Legal Guardian of the student)</th>
<th>All Other Adults Living In Your Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages / Salaries / Tips / Other Compensation</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Business Income or Rental Income</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Retirement Pensions, Annuities, 401K Plans, etc.</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Stocks, Bond, Money Market Accounts, Certificates of Deposit (CDs), Trust Funds, Life Insurance</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Social Security Income</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Social Security Disability Income</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Alimony or Child Support Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarships, Fellowship Grants, or Other Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash or Gifts to help pay rent, utilities, living expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP) Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Public Housing Assistance (Section 8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-Income Home Energy Assistance Program (LIHEAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income: ________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant’s Total Gross Annual Income:** $________________________ (NOT IRS Adjusted Gross)

**Total Gross Annual Income of ALL Other Adults Living in your Household:** $________________________

Do you own the home where you live? □ Yes □ No  
Do you own any other property? □ Yes □ No

If Yes, total value: $________________________ Where? __________________________

Do you own or lease any vehicles? (cars, trucks boats, RVs, etc.) □ No □ Yes

If Yes, Total value: $________________________

List: __________________________

**Verification of Gross Household Income**

Please provide copies of all income documents that are applicable, such as those listed below. Documents must have the same name and address (or proof of past and current addresses) as provided in this application. Please provide COPIES ONLY.

**The following forms of income verification are attached:**

<table>
<thead>
<tr>
<th>Form Description</th>
<th>You (Applicant or Legal Guardian of the student)</th>
<th>All Other Adults Living In the Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most recent year’s Income Tax Form (If did not file taxes for the previous year, contact the IRS at 1-800-829-1040 to obtain a letter of ‘Non-Filing for _______”)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Letter from employer verifying salary</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Social Security, Social Security Disability, or Survivor’s Benefits Award Letters</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Veterans Benefits Statements</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Unemployment/Workmen’s Compensation statement of benefits</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Public Assistance Program participation documentation, such as food stamps, Section 8 housing, etc.</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
If you are claiming NO INCOME, explain how you pay your bills:

- Living with family/friends
- Using money from savings or checking accounts
- Living off credit cards
- Working odd jobs: Monthly income: $____________________
- Getting loans from people
- Someone is giving me money
- I am working in exchange for rent
- Someone is paying my bills directly
- Other ________________________________

Name(s) of person helping: ___________________________________________________________

Relationship(s): __________________________________________________________

OTHER ANIMALS IN YOUR HOME OR CARE

List any other animals in your home or care (not including the dog you will be training as your service dog), including species & ages:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

By signing below I acknowledge that I am over 18 years of age and that I have read and understand all the information provided and requested in this Financial Assistance Application. I hereby certify that all the information provided in this application is true and correct as of the date set forth below by my signature and that I will be disqualified for eligibility for financial assistance if it is determined that any or all information provided is inaccurate or non-verifiable. I understand and agree that Handi-Dogs, Inc. reserves the right to revise or revoke its eligibility determination based on any information received after a determination is made, including discovery of false information.

Printed Name: _________________________________________________________________

Applicant's Signature: _____________________________________________________________

Date: ________________________________