

## Jane's House of Well-Being Financial Aid Application

Jane's House of Well-Being scholarship income is used to support those in need. Eligibility for financial assistance is based upon the *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs*. Financial assistance is determined by household income and expenses. More information on this topic may be located at <https://aspe.hhs.gov/2017-poverty-guidelines#guidelines>.

### POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

*If you believe you qualify for financial assistance, you will be asked to provide supporting information and documentation to determine eligibility.*

## Jane's House of Well-Being Financial Aid Application

Please complete the following information to determine eligibility. If you are determined eligible for scholarship funds, you will be asked to provide supporting documentation to verify your circumstances.

### Applicant Information

Full Legal Name: \_\_\_\_\_

Home Address (street, city, state, zip):  
\_\_\_\_\_

Phone Number and/or E-mail Address: \_\_\_\_\_

### Household Members

Full Legal Name	Relationship to Applicant	Date of Birth
1.	Self	
2.		
3.		
4.		
5.		

### Resources

Does anyone have a bank account or is anyone's name on a bank account?

- Yes
- No

If yes, who? Name: \_\_\_\_\_ Balance: \_\_\_\_\_

Does anyone have any other cash, stocks, bonds, and/or retirement accounts?

- Yes
- No

If yes, who? Name: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Does anyone earn income or money from working?

- Yes
- No

If yes, please complete the following information on page 3.

## Jane's House of Well-Being Financial Aid Application

Who earns income from working?	Employer	Monthly Amount

Does anyone receive income or money from the following sources? *Social Security Income, Child Support, Supplemental Security Income, Veteran's Administration Benefits, Unemployment Benefits, Student Loans, Grants, or Scholarships*

- Yes
- No

If yes, please state the member/members' name and monthly benefits:

\_\_\_\_\_

### Expenses

Does anyone pay rent or a house payment for the home you live in?

- Yes
- No

If yes, list the total monthly amount: \$\_\_\_\_\_ Who pays? \_\_\_\_\_

Does anyone pay the following utility expenses for the home you live in? *Electric, Gas, Water, Sewer, and/or Trash*

- Yes
- No

If yes, who is responsible for paying? \_\_\_\_\_

Does anyone in the household pay court-ordered child support?

- Yes
- No

If yes, who? \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_

Does anyone who is either disabled or age 60 or older have monthly medical expenses?

- Yes
- No

If yes, who? \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_

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**By signing this application, you are certifying the information you provided to be true and accurate and are willing to provide supporting documentation to verify circumstances. It is further understood that financial aid must be reimbursed to Jane's House of Well-Being within one-year of initial disbursement via work trade.**

**▼ SIGN HERE:**

Your Signature:	Date:
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All information will remain confidential. You will be contacted concerning your eligibility. Please ensure that you have provided your preferred method of contact. Questions or concerns? Reach us by phone at 636-255-9642 or e-mail at [robin@janeshousestudio.com](mailto:robin@janeshousestudio.com).

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