

# Josh Farler Foundation

## JOSH FARLER FUND APPLICATION

The Josh Farler Foundation is designed to assist patients with needs during treatment. To apply for this program please complete and sign this application and include proof of diagnosis (letter from Oncologist), proof of income (last year's tax return) as well as your most recent bank statement.

### PATIENT INFORMATION

Applicant Name:				
Street Address:		City:	State:	Zip:
Home Number:		Cell Number:		
Date of Birth:		Marital Status		
What are you requesting assistance for? (Travel, Lodging, Meals, Other)				
What is the amount of the item you are requesting assistance for?				
Diagnosis:				
(If Under 18 yrs)				
Parent/Legal Guardian Name:				
Are you a Student:		Grade:	Age:	

### HOUSEHOLD INCOME

Number in Household	
Employment Income (Gross)	Employer
Social Security Income:	
Disability Income	
Other Income (Interest, Child/Spousal Support, etc.)	
TOTAL MONTHLY INCOME	

### ASSETS

Asset	Value
Real Estate (other than principal residence)	
Vehicles (how many and the year/make)	Year & Make
Checking Accounts	Bank
Savings Accounts	Bank

Investment Accounts	Institution
TOTAL ASSET VALUE	

**MONTHLY EXPENSES**

Expense	Amount of Expense per month
Mortgage/Rent (circle one)	
Homeowner's Insurance (annually)	
Property Taxes (annually)	
Automobile Insurance	
Auto Operating Expense & Car Payment	
Electricity	
Propane/Natural Gas	
Water	
Telephone	
Medical Expenses (paid by patient/guardians)	
Prescription Drugs	
Health Insurance	
Life Insurance	
Groceries	
Other	
Other	
TOTAL MONTHLY EXPENSES	

I authorize the Josh Farler Foundation to verify the information that I have provided above. I further acknowledge at the time of this application I do not have the financial means to pay for items/bills mentioned above.

\_\_\_\_\_  
Patient's Signature/Parent or Guardian for minors

\_\_\_\_\_  
Date

**Please email your application to: [info@joshfarler.org](mailto:info@joshfarler.org)**

For more information please contact us at (661) 241-3331.