

## Financial Aid Application

Mail to: United Mobile Homes  
3499 Route 9 North, Juniper Plaza  
Suite 3 C  
Freehold NJ 07728

Fax to: 732-577-9980

Attention: Sam

This application is to be reviewed during November and December and the award is allotted as of January 1 of the next year. This award is ONLY for the current program year and is NOT to be carried over to the next year.

Please fill out the following information:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Name of Client: \_\_\_\_\_
4. Age of Client: \_\_\_\_\_
5. Male/Female: \_\_\_\_\_
6. How much financial aid do you require for each session? \_\_\_\_\_
7. Please provide a copy of your last tax return.
8. Is your insurance company covering any portion of the therapy? \_\_\_\_\_  
If so, how much \_\_\_\_\_  
In not, please send copy of denial letter. \_\_\_\_\_