

**The Sertoma Speech and Hearing Center
Professional-Services Assistance Application**

APPLICANT INFORMATION - PLEASE PRINT CLEARLY

Name	Date of birth
Address	Home phone
City, State & Zip	Other phone

PARENT / GUARDIAN / SPOUSE INFORMATION

Mother /Guardian	Father / Guardian
Address	Address
City, State & Zip	City, State & Zip

SERVICES APPLIED FOR

Type of Service	How much can you pay without undue hardship?
Hearing evaluation, \$250	\$
Hearing aid, \$1,500	\$
Speech evaluation, \$250	\$
Speech-language therapy, \$110 (one hour)	\$
Speech-language therapy, \$65 (half hour)	\$

EMPLOYMENT INFORMATION

Employer	Employer
Address	Address
Phone	Phone
Position	Position

PERSONAL ASSETS

BANKING	
Checking account balance	\$
Saving account balance	\$
HOUSE/CONDO	
Mortgage balance	\$
Estimated value of house/condo	\$
AUTOMOBILES	
Year, make, model	\$
Year, make, model	\$

INCOME AND EXPENSES

Monthly Gross Income (income before taxes/deductions)		Monthly Expenses (monthly average)	
Salary of candidate	\$	Rent/mortgage	\$
Salary of spouses	\$	Utilities	\$
Salary of parent	\$	Food	\$
Social Security benefits	\$	Phone	\$
Retirement pension	\$	Medicine	\$
Income from other family	\$	Car/transportation/insurance	\$
Food stamps	\$	Childcare	\$
Investments	\$	Home insurance	\$
Assets	\$	Credit cards, list below	\$
Other income	\$		\$
	\$		\$
Total Monthly Income	\$	Total Monthly Expenses	\$

VERIFICATION OF INCOME

You must include verification of your income with this application. Please include a complete tax return (most recent) and/or your Social Security statement. Without these documents, your application will not be processed.

CERTIFICATION

All the information on and attached to this application is true and correct to the best of my knowledge.

Signature of applicant/guardian and date in box above	Signature of witness (if applicant signs with an "X")

Area below for The Speech and Hearing Center

Date approved:	Date bill received:	Cost:
Date paid:		
Notes		