



Financial Need Form

Personal Information

Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s)

Home: (____) ____-____ Cell: (____) ____-____ Work: (____) ____-____

Email: _____

The best way to reach you is by: Phone Email

Requested Service Information

What services are you seeking? Check all that apply.

- The Parenting and Theory Class
- Private Therapy
- Advanced Seminar (please specify): _____
- Coaching
- Home Visit
- Relationship Skills Workshops: (Please circle)
Adult | Teen | Kids | Infant | RAD
- Other: _____

Who is/are the service(s) needed for? Check all that apply.

- Myself
- Spouse/Partner
- Child/Children

Have you previously paid for services and if so, which ones and has this affected your financial situation? Please explain.

What do you propose you can pay for each service?

Declaration of Need

Please tell us about any extenuating circumstances that influence your ability to pay.

Financial Information

Income

Monthly Wages \$ _____
Alimony \$ _____
Child Support \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Total Monthly Income \$ _____

Expenses

Monthly Rent/Mortgage \$ _____
Utilities \$ _____
Car Payment(s) \$ _____
Tuition for _____ \$ _____
Min. Credit Card Payment(s) \$ _____
Groceries \$ _____
Other Expenses \$ _____
Total Monthly Expenses \$ _____

Other Assets:

Total Savings: \$ _____ IRA: \$ _____ 401K: \$ _____
 Other: \$ _____

Employment Information

Employer/Position: _____ Annual Income: \$ _____

Documentation

Please provide copies of the documentation listed below:

- Copy of your most recent tax return.
- Copy of your last three (3) bank statements

Certification

I, _____, acknowledge that the information I have provided on this application is true and correct.

Signature: _____ Date: _____

All information that you have graciously provided will be kept strictly confidential. Our office will review this application without delay so that you will get the services you or your family need as soon as possible.

Once you have completed this application, you may mail it, as well as the copies requested, to our office at 15650 Devonshire St, Suite 210, Granada Hills, CA 91344. Or, you may leave it with any staff member at PaRC.

Please contact our office at (818) 891-8477 if you have any questions and we will be happy to help you.