

Financial Assistance Form

The Applicant must fully complete the form and provide documentation to prove identity and residency as well as documents to show the need for financial assistance. These documents will include but are not limited to driver's license or State ID, utility/phone bills, eviction notice, rental lease, medical bills, pay stubs, income tax return, bank statements, proof of loss of employment, proof of debt, etc.

Name of Applicant *

First Name Last Name

Marital Status *

Single Married Divorced Widow

Name of Spouse *

Number of Dependents *

Driver's License or State ID# *

Please upload your ID below

Work Phone Number

Please enter a valid phone number.

Cell Phone Number *

Please enter a valid phone number.

Email

example@example.com

Current Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Previous Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Current/Most Recent Employer Name

Current/Most Recent Employer Contact Information

Phone Number or Email ID

Current/Most Recent Employer Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Reason for Financial Assistance Request: *

Monthly household income from all sources:

Monthly Expenses

Rent/Mortgage

Utilities

Phone/Cable/Internet

Child Care

Car Insurance

Amount Requested

Signature

Note: By submitting this application you authorize IECPA permission to disclose/share your information with IECPA Board, Auditors, and other institutions.