



3535 N. California Ave.
Peoria, IL 61603

www.AffinityCPR.org

classes@AffinityCPR.org
(309) 231-8622

Financial Assistance Application

PURPOSE

Financial assistance is available to assist residents in the Greater Peoria Area wishing to participate in courses who would not otherwise have the resources to participate.

ELIGIBILITY

Must be within 50 miles of Peoria, IL. (a copy of a current bill indicating current address must be attached to this request).

Financial assistance is income based. Criteria for income eligibility follows the US Department of Health and Human Services Poverty Guidelines as shown on the bottom of page 4. More information can be found at: <http://aspe.hhs.gov/poverty/14poverty.cfm>

Applications will be evaluated on a first come first served basis.

GUIDELINES

Complete the financial assistance application in its entirety and include any supporting documents (i.e. recent tax filings, pay stubs, government assistance, Social Security, unemployment check stubs, etc.).

Completed applications must be turned in at least one month prior to the start of the course.

Responses to completed assistance applications will be made within 14 working days of the request.

Refunds and pro-rates will not be granted on payments made prior to Financial Assistance approval.

Return financial assistance form(s) to:

Affinity Institute CPR Training
3535 N. California Ave.
Suite B
Peoria, IL 61603

E-mail: classes@AffinityCPR.org
Fax: (312) 253-4399

If you have any questions, please call (309) 231-8622.

Please note that we would like to support all requests, however, many applications are received throughout the year. As such, we cannot guarantee that any individual request will be approved.

APPLICANT INFORMATION:

Last Name / First Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Name of course you wish to attend: _____

Cost: \$ _____

Amount applicant is capable of paying for the course?

\$ _____

Has the individual received financial assistance from Affinity Institute CPR Training within the past three years? _____

When? _____

What course(s)? _____

VERIFICATION INFORMATION:

Annual income **for all adults** in the household : \$ _____

How many adults are in the household? _____ **How many children?** _____

Submit one or more of the following to verify household income (**application will not be processed unless information is attached**):

- _____ 2013 federal income tax form
- _____ Last two paycheck stubs (for each job)
- _____ Section 8 Voucher
- _____ Unemployment check stubs
- _____ Retirement/pension income
- _____ Social Security or disability

**If special circumstances apply to you that prevent you from having any of the above documentation, please explain below.*

Explain why you would like to be considered for financial assistance. Include any special circumstances. You may attach additional pages if necessary.

CERTIFICATION SECTION:

I certify that the above information is true and completed to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

CONFIDENTIAL

REQUIRED DOCUMENTATION:

Before your application can be processed, the following **MUST** be attached:

_____ **Proof of Residency Documentation**

_____ **Household Income Verification**

FOR OFFICE USE ONLY:

Staff Reviewing Application: _____

Date: _____

Financial Assistance Granted: _____ **Yes** _____ **No**

Amount of Award: _____ **Date:** _____

Award: _____

DEPARTMENT OF HEALTH & HUMAN SERVICES

2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family / Household	Poverty Guideline
1	11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610

SOURCE: *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183