



Financial Assistance Program Application and Declaration

Date: _____

Applicant Information	
First Name	Last Name

Dear Applicant,

Thank you for your interest in the Mary A. Rackham Institute (MARI) Financial Assistance Program. Enclosed is the application and declaration form for the financial assistance. The following information is a check list of verifications needed from you. If married, be sure to include verifications for your spouse. Please check the **yes** or **no** box for the verifications you provided. If not provided, please fill in a reason.

Yes	No	Reason Not Provided	Description of required verifications
			Federal Income Tax for: (including W2's or 1099's) (if self-employed, include all schedules)
			Recent copy of pay-stub with year-to- date earnings
			Proof of other income
			Current bank statement of checking/savings account (if married, joint and or separate accounts)
			Copy of valid Michigan driver's license or Michigan State identification card
			Response from Healthy Michigan or Marketplace

Please return the application to one of the following addresses:

UCCF Services	UCLL/UMAP Services	Psych Clinic Services	If you are not sure
Attn: Clinic Director	Attn: Clinic Director	Attn: Clinic Director	MARI Billing Team
500 E. Washington St., Suite 100	1111 E. Catherine St.	500 E. Washington St., Suite 100	500 E. Washington St., Suite 100
Ann Arbor, MI 48104	Ann Arbor, MI 48109	Ann Arbor, MI 48104	Ann Arbor, MI 48104
Fax: 734-764-8128	Fax: 734-647-2489	Fax: 734-764-8128	Fax: 734-764-8128

If you have questions or need help completing the application, please call (734) 615-2274.

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Financial Information- *MUST PROVIDE VERIFICATION				
Monthly Income	Applicant:	Spouse:	Applicant:	Spouse:
*Employment	\$	\$	*Checking Account	*Checking Account
			If none, check here	If none, check here
			If joint, check here	
*Social Security	\$	\$	*Balance \$	*Balance \$
*Pensions/Annuities	\$	\$	*Savings Account	*Savings Account
			If none, check here	If none, check here
			If joint, check here	
*Other Income	\$	\$	*Balance \$	*Balance \$

Household information					
Including yourself, please list all persons who are listed as dependents on your Federal tax records:					
Name:	Relationship:	Age:	Name:	Relationship:	Age:

Applicant or Legal Guardian Signature:

_____ **Date:** _____

Print Name:

All information in the application will be kept confidential.

If you have questions or need help completing the application, please call (734) 615-2274.