



Chestnut Hill Benevolent Association

Application for Financial Assistance

All information is kept strictly confidential

Name: _____ Date: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Email: _____

Marital Status: Single Married Divorced Widowed

Name of Spouse, if applicable: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

1.) Current Branch Church member? _____ City/State: _____ Date admitted: _____

2.) Mother Church member? _____ Date admitted: _____

3.) Member of a Christian Science Students' Association? _____ Teacher's name: _____

4.) What other sources of financial assistance have you explored? (Be specific.) _____

5.) Are you eligible for Medicare? _____

6.) Do you have insurance that will cover all or part of your Christian Science? _____

If so, with what company? _____ Policy #: _____

7.) What is the total amount owed? _____

8.) What amount are you able to pay? _____

9.) What amount are you requesting? _____

10.) Please include copies of your most recent Federal and State Tax Returns.

This communication is HIGHLY CONFIDENTIAL. It may contain PHI (Protected Health Information). It is intended for the exclusive use of the addressee. It is to be used only for the purpose stated (which may include providing specific healthcare services to this patient). Any other use is a violation of Federal Law (HIPAA) and will be reported as such. If you have received this communication by mistake, please immediately notify us by telephone (617-734-5600) and destroy any information received. Thank you.

Revised: 7/26/2023

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MONTHLY INCOME:

Employment Income (net) \$ _____
Spouse's Empl. Income (net) \$ _____
Dividends, Interest \$ _____
Contributions from others \$ _____
Alimony / Child Support \$ _____
Social Security \$ _____
Civil or Annuity \$ _____
Other Income \$ _____
Total Monthly Income: \$ _____

MONTHLY EXPENSES:

Food \$ _____
Clothing \$ _____
Education (tuition) \$ _____
Auto payments \$ _____
Auto upkeep & gasoline \$ _____
Mortgage and/or rent \$ _____
Utilities \$ _____
Insurance \$ _____
Debt payments \$ _____
\$ _____
\$ _____
Practitioner \$ _____
Total Monthly Expenses: \$ _____

ASSETS:

Cash \$ _____
Savings \$ _____
Real Estate: Home \$ _____
 Other \$ _____
Investments (stocks, bonds
mutual funds) \$ _____

Autos, boats, etc. \$ _____
Retirement (401k, etc.) \$ _____
Total Assets: \$ _____

LIABILITIES:

Car Loan \$ _____
Home Loan \$ _____
Credit Card (first) \$ _____
Credit Card (second) \$ _____
Other Loans \$ _____
\$ _____
\$ _____
\$ _____
Total Liabilities: \$ _____

Net Worth: (total assets minus total liabilities): \$ _____

Signature of Applicant: _____

Relationship to Applicant (if applicant unable to sign, or a minor): _____

When completed, please mail, email, or fax this application to one of the following:

MAIL: Chestnut Hill Benevolent Association
Attn: Janiva Toler
910 Boylston Street
Chestnut Hill, MA 02467

EMAIL a scanned image (PDF):
jtoler@chbenevolent.org
FAX:
617-975-2703

If you have any questions, please contact Janiva Toler at 617-734-5600 or at the email address above.

<p><i>Benevolence Committee Use Only</i></p> <p>Approved (Date): _____</p> <p>Amount Approved: _____</p> <p>Not Approved (Date): _____</p>	<p><i>Comments</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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