



**Healthy Neighbor– No Income Financial Support Form**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Two phone contacts: (home, cell, work)**

**1<sup>st</sup>:** ( \_\_\_\_\_ ) \_\_\_\_\_ **2<sup>nd</sup>:** ( \_\_\_\_\_ ) \_\_\_\_\_

**In the event that your financial situation changes, please notify Scenic Bluffs to update your Healthy Neighbor Plan application.**

Please be advised that the above named applicant has informed us that he/she currently does not have a stable source of income and that you (name) \_\_\_\_\_ are supporting them financially. Please complete the following information so that we may be able to continue with the applicant’s discount program.

**Please provide the following information in the event we may need to contact you for further information.**

**Name of Responsible Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Please provide two forms of contact from this list (phone: home, work or cell, email)**

**1<sup>st</sup>:** ( \_\_\_\_\_ ) \_\_\_\_\_ **2<sup>nd</sup>:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_