

Beat Parkinson's Today, Inc.

Financial Assistance Request Form

(for Premium Contract Program)

Beat Parkinson's Today, Inc. is a non-profit organization dedicated to helping individuals living with Parkinson's disease through specialized exercise programs. We strive to ensure that financial challenges do not prevent participation. Please complete this form to request financial assistance.

Applicant Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Address:

City, State, Zip:

Financial Information

Are you currently employed? Yes No

Household Size:

Estimated Monthly Household Income:

Do you currently receive financial assistance? Yes No

If yes, please specify:

Assistance Requested

Note: Our Premium Contract allows for unlimited classes. The base cost is currently \$115 per month.

Amount requested per month:

Statement of Need

Acknowledgment & Signature

- I agree to attend a minimum of 2 classes per week, or my assistance will be suspended.
- I understand that payments will be paid via credit card to Beat Parkinson's Today, Inc., through the monthly auto-pay program.
- I understand I may cancel future payments by providing notification in writing no less than 7 days before the next scheduled payment.
- I understand the assistance amount will be applied monthly for 3 months. If further assistance is needed, I may reapply for an additional 3 months.
- No further assistance will be available.
- I certify that the information provided is accurate and complete to the best of my knowledge.
- I understand that this application does not guarantee financial assistance and that Beat Parkinson's Today, Inc. may request additional information if needed.

Signature:

Date: