



Financial Assistance Application

Required Information

Name: _____

Date of Birth: _____

Address: _____

Zip Code: _____

Cell Phone #: _____

Type of Cancer: _____

Prognosis: _____

Doctor's Name, Address, and Phone #:

Household Members:

Provide Full Name, Relationship, and Date of Birth

Copa Maribel Cancer Events Inc.

P.O. Box 71

Hazlet, NJ 07730

(201)888-1589

Email: gfernandez@copamaribel.com

Contact Person: German Fernandez, President

WWW.COPAMARIBEL.COM

Facebook: Copa Maribel

Instagram: copa.maribel



Financial Assistance Application

Accepted Monthly Household Income:

Pre Tax Wages (Last 30 days) _____

Unemployment _____

Social Security _____

Child Support / Alimony _____

SSI _____

Pension _____

Other _____

Accepted Forms of Income Verification from the past 6 months

- Most recent pay stubs of all working family members listing wages before taxes
- Checking and savings account statements
- Social Security, SSI, Pension, or Award letters
- Alimony and Child Support
- Unemployment, Worker's Compensation, or VA benefits
- Other may include CD's, Stocks, Bonds, Trust Funds, or HSA Accounts

I certify that the information I provided is true and complete. I understand that this information is subject to verification and I will provide any additional information or documentation Copa Maribel Cancer Events, Inc. may require. Incomplete or inaccurate applications will be denied.

Signed: _____

Date: _____

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