



2510 Professional Road
Richmond, VA 23235-1343
(804) 358-1343
info@cctcinc.org

FINANCIAL ASSISTANCE APPLICATION

Please complete the application so counseling can begin without delay and submit the \$75 administrative fee with the *Application for Counseling*. The suggested donation for each additional counseling appointment is \$75. As a non-profit ministry, CCTC strives to keep counseling costs at a minimum. Its expenses generally exceed the income from counseling. Your regular support and prayers are greatly appreciated.

Date _____ Name _____ Phone _____
Address _____
Church _____
Pastor _____ Phone _____

INCOME INFORMATION

Are you employed? Yes No Salary \$ _____ per week month year
Is your spouse employed? Yes No Salary \$ _____ per week month year

If you receive additional sources of income, please list the amount

SNAP	\$ _____	Social Security	\$ _____	Child support	\$ _____
WIC	\$ _____	Unemployment	\$ _____	Alimony	\$ _____
Energy subsidy	\$ _____	Disability	\$ _____	Other	\$ _____

FINANCIAL OBLIGATIONS

Married Divorced
Are you a student full time part time
Number of children at home ____ Ages ____

Please provide any additional information about your financial situation that will help us evaluate your need for financial assistance.

RESOURCES

What resources from the *Financial Resource Checklist* have you considered in order to be able to contribute toward counseling expenses?

What amount can you reasonably contribute weekly for counseling sessions? \$ _____

The information above will be held in the strictest confidence. Please return this signed application along with the *Application for Counseling*. The Counseling Coordinator will contact you in the very near future.

Applicant signature _____

Applicant signature _____