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## APPLICATION

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Heartstone Foundation's mission is to assist those with medical emergencies, allowing the patient to concentrate on healing. In order to make appropriate disbursements, Heartstone needs the following information.

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Heartstone will not name you as a recipient publicly without written consent. We will describe your need in order to raise funds. Completing this application provides no guarantee that applicant will receive funds from HeartStone Foundation.

Heartstone asks for your IRS Form 1040 (personal return) for the prior year and a financial statement. Please enclose them with your application. We ask that you sign the enclosed HIPA statement so we may give funds to your medical providers.

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## PERSONAL INFO:

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Name:

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Address:

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Phone:

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Email:

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Date of Application:

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Employer name:

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Address:

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Phone:

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SS #:

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Marital status:  Single  Married  Divorced  Widowed

Dependent children:

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Please attach a brief statement detailing the following information:

Medical condition and why the money is needed

Where you wish the money to go

*(HeartStone will not disperse funds directly to the individual in need.)*

Estimated amount of your medical bills

*(Note: HeartStone does not guarantee that funds provided will pay bills in full.)*

When the money will be needed

Any other information you feel Heartstone needs to know

(2) References: Please include employer, co-workers, church members, boss, anyone who can give us insight into you. Do not include family members as references. State names, addresses, phone numbers and relationship to applicant. Heartstone will contact references.

Recommendations: If anyone wishes to write a brief narrative in support of your application, please include it with your application packet.

Please sign the following:

I state that all information included herein is truthful and complete.

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Name

Be sure to include your IRS Form 1040 (personal return) for the prior year, financial statement, specifically assets (what you own) including bank accounts, investments (stocks, bonds, etc.), real estate (value of personal residence and any other property), automobiles, retirement accounts and any other items owned such as jewelry, art, etc. Debts including home mortgage (include first and second and equity line), automobile loans or leases, credit cards, doctors, hospitals, family loans, friend loans, etc. Annual income for both applicant and spouse and HIPA form with your application and send to:

**HeartStone Foundation**  
**c/o: Welling, Incorporated**  
**7781 Cooper Road**  
**Cincinnati, OH 45242**

Questions or Concerns can be directed to any of the following board members listed below:

Debbie Welling – 513-967-5911 or [debbie@wellinginc.com](mailto:debbie@wellinginc.com)  
Patty Baker – 513-290-0141 or [patty.baker@verizonbusiness.com](mailto:patty.baker@verizonbusiness.com)  
Barb Steinebrey – 513-489-1433 or [bsteinebrey@yahoo.com](mailto:bsteinebrey@yahoo.com)  
Bobbi Montgomery - [BobbiDarr@aol.com](mailto:BobbiDarr@aol.com)

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**REFERENCES**

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Name:

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Address:

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Phone:

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Relationship to applicant:

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Comments:

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**HeartStone Foundation Applicant's Financial Information**

Applicant's Name \_\_\_\_\_  
Applicant's Birthdate \_\_\_\_\_  
# and street name \_\_\_\_\_  
City & State & Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_  
Marital status \_\_\_\_\_ and name of spouse \_\_\_\_\_  
Children and ages \_\_\_\_\_

Medical coverage, if any (name of provider and whether employer or personal) :

Employer (name, address and position):

Amount of take-home pay \$ \_\_\_\_\_ per wk, bi-weekly, semi-monthly or monthly

Spouse's employer (name, address and position):

Amount of take-home pay \$ \_\_\_\_\_ per wk, bi-weekly, semi-monthly or monthly

Other income:

Social Security	\$ _____
Disability	\$ _____
Unemployment	\$ _____
Alimony/child support	\$ _____
Pension	\$ _____
Other - Interest & dividends	\$ _____

Assets:

Personal residence, if any, value \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_  
Vehicles: Make, model and year \_\_\_\_\_ Loan balance \_\_\_\_\_  
Additional vehicles: \_\_\_\_\_  
Retirement accounts in value \$ \_\_\_\_\_  
Cash and savings balances \_\_\_\_\_  
Jewelry, art, coins, etc.

Debt:

Monthly mortgage payment \$ \_\_\_\_\_  
Home equity loan \$ \_\_\_\_\_ and monthly payment \$ \_\_\_\_\_  
Rent, if any \$ \_\_\_\_\_  
Monthly vehicle payment or lease \$ \_\_\_\_\_  
Credit card: Balance \$ \_\_\_\_\_  
Monthly payment \$ \_\_\_\_\_  
Education loans \$ \_\_\_\_\_  
Medical bills \$ \_\_\_\_\_  
Family loans \$ \_\_\_\_\_

Also include prior year's Complete Federal income tax return.

This represents complete and accurate information on my financial situation.

Signed \_\_\_\_\_ Date \_\_\_\_\_