



## REQUEST FOR FINANCIAL ASSESSMENT

**Request Application Process:** - To request a financial assessment, please complete and return the Financial Assessment Request form, together with supporting information to:

Attn: Financial Assessment  
Center for Open Recovery  
1170 Market Street, 6<sup>th</sup> Floor  
San Francisco, CA 94102  
dui@openrecoverysf.org

**Supporting Information:** - The following supporting information must be included with the Financial Assessment Request

- Most recent **Federal tax-return**
- Copies for **most recent income** information including Pay Stubs, social security, unemployment, retirement, pensions, etc
- **Bank Statement** for the previous 3 months
- CA EDD Statement (if applicable) for past 6 months
- Copy of lease/rental agreement
- Copies of any relevant bills/monthly expenditures.

*Without the above listed items we will be unable to process your request*

**Questions:** - If you have any questions please contact our Operations & Billing Manger at:

Telephone - 415-296-9900 ext 107

Email – veronica@openrecoverysf.org



FINANCIAL ASSESSMENT REQUEST FORM

Participant Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

INCOME:

MONTHLY EXPENSES:

Table with 4 columns: Income, Expense, Income, Expense. Includes rows for individual items and a 'TOTAL' row for each column.

Checking Account Balance: \$ \_\_\_\_\_ Savings Account Balance: \$ \_\_\_\_\_

Personal Statement: Briefly describe your financial circumstances

Three horizontal lines for writing the personal statement.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

For Administrative use

Date received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Supporting Documents Submitted: \_\_ Yes \_\_ No