

Applicant's Name _____

Address _____

Loan or Repair Company _____

Company phone # _____

Account Number _____

Loan Number _____

Referred by _____

Dialysis Unit _____

Total amount of bill _____

Amount being requested from NKF AZ _____

I certify that I am financially unable to pay my car payment/repair bill, that I have exhausted all other sources of help with the attached bill, and that the above information is true and correct to the best of my knowledge.

I hereby consent to and authorize the National Kidney Foundation of Arizona to access any information from the loan or repair company concerning my payment history, delinquencies, outstanding amounts owed, required deposits, and other related information, and to use such information only in connection with this application for assistance.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____