

APPLICATION CHECKLIST

We encourage you to apply as soon as possible as it may take up to 90 days for your application to be processed. Please **check off** each item enclosed with your application. **All items are required. Incomplete applications will not be funded.** Applications sent by fax or email will not be accepted.

Mail completed application & all documents to: The Pink Fund, PO Box 603, Bloomfield Hills, MI 48303

For help with this application, please go to <https://www.pinkfund.org/application-faqs/> for our detailed instructional videos, which are available for each page of the application and for each document we require. If you have any further questions, please email us at grants@thepinkfund.org.



Pages
1, 2 & 3

Personal Information

- Application checklist (this page)
- Application for Financial Assistance Form
- HIPAA Privacy Authorization Form
- A copy of your driver's license or state issued picture ID
(Please note: the address on your ID must match the address on your application form.)
- A signed and dated letter from the employer(s) you had at the time of your diagnosis (on company letterhead), verifying your current employment or leave status in comparison to your pre-diagnosis status



Pages
4 & 5

Medical Information

- Medical Information Form *Cannot be self-completed.*
- Medical Team Contact Information Form
- A signed and dated letter* (on letterhead) verifying your diagnosis and detailing your current and upcoming treatment plan from one of the following: Oncologist, Licensed Social Worker, Patient Navigator, Nurse Navigator
(Please include an email address for your Social Worker, Patient Navigator or Nurse Navigator)



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Financial Information - Please DO NOT send originals

- Financial Disclosure Form
- The first 2 pages of your federal tax return from the previous year
If you are married or partnered, include the return for your spouse or partner.
- W-2's, 1099's or Schedule C's from the same year as your tax return
- A copy of your last 2 paycheck stubs for you and your spouse or partner
- A complete copy of all your checking and savings account statements for the last 2 months for you and your spouse or partner
- Copies** of ALL bills you wish considered for payment.
The bills must show your name, or the name of a listed household member, your current address, the account number, the current balance due, and the complete address to which payments are mailed.
IF YOU RENT, you must send a complete copy of your lease/rental agreement, including the name and complete mailing address of the person or agency to which payments can be mailed.
Bills considered for payment: Car Insurance Premiums, Car Loans, Health Insurance Premiums, Mortgage/Rent, Phone Bills, Utility Bills



The Mary Herczog Fund

To apply for **The Mary Herczog Fund** for Metastatic Breast Cancer, please also include:

- Social Security Benefit Verification Letter



Application submitted



Email / Mail notification of received application with timeline



Application reviewed (60 - 90 Days)



If missing documentation, incomplete, or ineligible for funding applicant will be notified



Complete & eligible applications presented to Qualification Committee for review (monthly)



Applicant notified of Qualification Committee's decision

The Pink Fund is not an emergency fund and cannot provide immediate assistance. We must have a current email address at which to contact you. If you do not have an email address, our communications will be through U.S. Mail which will delay the processing of your application.