Living Waters
Financial Assistance Program

Application for Individuals Undergoing Active Breast Cancer Treatment

Thank you for your interest in the Living Waters Financial Assistance Program. This application is intended for individuals currently in active breast cancer treatment, which is defined as the period following a positive diagnosis through biopsy and during therapies such as surgery, chemotherapy, or radiation. Please complete all sections and attach the required documentation. Incomplete applications may delay processing.

Applicant Information

Full Name:	
Date of Birth (MM/DD/YYYY):	
Address:	
City:	
State:	
ZIP Code:	
County:	
Phone Number:	
Email Address:	

Treatment Verification

Type of Treatment (check all that apply):

- Surgery
- Chemotherapy
- Radiation
- Other (please specify): _____

Date of Diagnosis (MM/DD/YYYY): _____

Physician's Name: _____

Physician's Contact Information: _____

***Attach Physician's Note Confirming Active Treatment**

Household and Income Information

- Number of People in Household: _____
- Monthly Household Income: $_____

Is your household income at or below 200% of the federal poverty level? ____ Yes ____ No

If your family's income is at or below the amount listed for your family size, you are considered to be at the federal poverty level.

Family Size	2025 Annual Income
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
9+	Add $5,500 per person

Briefly describe your current need and how assistance will help:

_____

_____

_____

Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that assistance is limited to a one-time award during a 12-month treatment period and is subject to fund availability. I authorize the Living Waters Financial Assistance Program to verify the information provided and contact my physician for treatment verification.

Signature: _____ Date: _____

Application Submission

Please submit your completed application and all required documents to:

Living Waters Financial Assistance Program
livingwaters@thebeautifulgateinc.com or fax (386) 204-4139

Applications are reviewed within 48–72 hours. You will be notified of the decision as soon as possible.