



**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Household Monthly Income:** \_\_\_\_\_

**Expenses:**

**Rent/Mortgage Payment** \_\_\_\_\_

**Phone Bill** \_\_\_\_\_

**Water Bill** \_\_\_\_\_

**Electric/Gas Bill** \_\_\_\_\_

**Car Payment** \_\_\_\_\_

**Current Medical Debit** \_\_\_\_\_

**Number of household Members:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Doctor's Phone Number:** \_\_\_\_\_

**What time of Assistance are you applying for? (Circle Below)**

Medical Bills      Prescriptions      Gas Card      Mammogram

**Diagnosis:**

\_\_\_\_\_

I give my consent to Heavenly Mimi, if needed to contact my doctor to obtain additional information. I acknowledge that Heavenly Mimi will review the full application to determine edibility for assistance.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Send application:**

Caring@heavenlymimi.org

or

511 East John Carpenter Freeway #500

Irving, Texas 75062