



**Financial  
Assistance  
Application**

Your level of financial assistance is calculated objectively by debt-to-income ratio and availability of funds received through donations.

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Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Married?  Yes  No

I'm requesting financial assistance for:

Single's Dating Coach Services  Pre-marital Counseling  Marriage Help  Divorce Aftercare

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**Participant 1 (all fields required)**

Total gross monthly income: \$ \_\_\_\_\_ (before taxes)

Monthly mortgage / rent: \$ \_\_\_\_\_

Monthly car payment: \$ \_\_\_\_\_

Total monthly utilities: \$ \_\_\_\_\_

Monthly consumer debt payments: \$ \_\_\_\_\_

Number of children under 18: \_\_\_\_\_

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**Participant 2 (if applicable)**

Total gross monthly income: \$ \_\_\_\_\_ (before taxes)

Monthly mortgage / rent: \$ \_\_\_\_\_ (exclude payments accounted for above)

Monthly car payment: \$ \_\_\_\_\_ (exclude payments accounted for above)

Total monthly utilities: \$ \_\_\_\_\_ (exclude utilities accounted for above)

Monthly consumer debt payments: \$ \_\_\_\_\_ (exclude debts accounted for above)

Number of children under 18: \_\_\_\_\_ (exclude children accounted for above)

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By signing I verify that I have provided an accurate account of my (our) income and expenses for the sole purpose of consideration for financial assistance for My Relationship Experts services.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Email your completed form to: [coaches@myRelationshipExperts.com](mailto:coaches@myRelationshipExperts.com)