

APPLICATION FOR DONOR FUNDED FINANCIAL SUPPORT

2026 Calendar Year

Eighth Street Community's mission is to cultivate a family of diverse disabled adults who are ineligible of receiving state assistance and provide them a home and opportunities that enable them to grow in their community. Each adult we serve has a unique story and background with varying financial needs. We offer several financial support programs to support each Resident's financial need, including:

- Full Private Pay
- Private Pay less eligible State and Federal Benefits (i.e., SSI, Food Stamps, etc.)
- Partial Pay with donated support less State and Federal Benefits (i.e., SSI, Food Stamps, etc.)
- Fully donated less State and Federal Benefits (i.e., SSI, Food Stamps, etc.)
- Fully donated

For the 2026 calendar year, the cost per resident per month is \$3,605 for 24 hour supervised care and supportive care (Formerly referred to as MOMs) programs. This cost includes room, 3 meals/two snacks per day, medication assistance, transportation, activity program, supportive care 24x7x365, and administrative support. *Please refer to the Resident Agreement for a complete description of program services.*

To determine eligibility for donated support, Eighth Street Community requires a financial application be completed upon admission and once annually thereafter. The financial application sections Two and Three are not required for Applicants/Residents who are Private Pay or Private Pay less eligible State and Federal Benefits.

Section One - Application Point of Contact and Applicant Affairs

Is Applicant currently a Resident at Eighth Street Community?	Yes	☐
	No	☐

Who is the primary Point of Contact for this Application?	Full Name	
	Relationship to the Applicant	
	Email Address	
	Mobile Phone Number	() -

Please select which support structures are in place for Applicant (Check all that apply):

Adult Legal Guardianship	☐
Court Appointed Guardianship (Temporary)	☐
Court Appointed Guardianship (Permanent)	☐
Financial Guarantor (Family and/or Friend)	☐
Local/Community Based Financial Support (i.e., Church, Special Interest Group, Corporate Sponsorship, etc.)	☐
Family/Friend Care and Wellbeing Support (non-financial)	☐

Is the Applicant the beneficiary of a Trust?	Yes	☐	<i>If Yes, Please furnish a copy of the Trust, Trust Certificate and last annual Trust account statement</i>
	No	☐	

Is Applicant seeking donated support to live at Eighth Street Community as part of the 24 Hour Supervision or Supportive Care program?	Yes	☐	<i>If Yes, Please complete Sections Two, Three and Four</i>
	No	☐	<i>If No, please complete Sections Two and Four Only</i>

- Fill out Sections Two and Three to apply for care services coverage through Eighth Street Community's donor support. This program is only for those who live or are planning to live in an Eighth Street Community owned home(s) as part of the 24 Hour Supervised Care or Supportive Care programs.
- If you have any questions, call 1-256-489-2997 from Monday–Friday to speak with an Eighth Street representative.
- Complete and mail this application to the **Eighth Street Community Business Office**, 305 Eighth Street NW, Huntsville, AL 35805 or email a signed, scanned copy to info@3058thstreet.org.
- Please allow 10 business days for the review and determination of eligible financial support. Once a determination has been made, the Applicant Point of Contact will be notified by email.

Section Two - Applicant (Resident / Prospective Resident) Information

Leave any questions that do not apply to the Applicant (Resident / Prospective Resident) blank

1. Applicant Information

a	Last Name										
b	First Name										
c	Middle Initial										
d	Permanent Mailing Address										
e	Number and Street Address										
f	City										
g	State										
h	Date of Birth	____ \ ____ \ ____ Month Day Year									
i	Social Security Number See Notes page 11.				-			-			
j	Drivers License Number										
k	Drivers License State										
l	Email Address										
m	Is Applicant a US citizen	Yes ☐				No ☐					

2.	What is Applicant's Marital Status	Single	☐
		Separated	☐
		Married / remarried	☐
		Divorced / widowed	☐

Answer questions 3–16 about the Applicant. If Applicant was never married, or is separated, divorced or widowed and has not remarried, answer only about Applicant. If Applicant is married or remarried as of today, include information about his/her spouse.

3. For 2025, has the Applicant completed his/her IRS income tax return?

Completed 2025 return	☐
Will file but have not yet completed 2025 return	☐
Will not file a 2025 return	☐

4. What income tax return did Applicant file or will Applicant file for 2025? See Notes page 11.

IRS Form 1040	☐
IRS Form 1040-NR	☐
A tax return with Puerto Rico, another U.S. territory, or Freely Associated State.	☐

5. For 2023, what is or will be your tax filing status according to your tax return?

Single	☐
Head of household	☐
Married - Filed Joint Return	☐
Married - filed separate return	☐
Qualifying widower	☐
Don't know	☐

6.	What was your (and spouse's) adjusted gross income for 2023? Adjusted gross income is on IRS Form 1040—line 11.								
7.	Enter your (and spouse's) income tax for 2023. Income tax amount is the total of IRS Form 1040—line 22 minus Schedule 2—line 2. If negative, enter a zero here.								

Questions 8 and 9 ask about earnings (wages, salaries, tips, etc.) in 2025. Answer the questions whether or not a tax return was filed. This information may be found on the W-2 forms or by adding up the following items: IRS Form 1040—line 1 (or IRS Form 1040-NR—line 1a) + Schedule 1—lines 3 + 6 + Schedule K-1 (IRS Form 1065)—Box 14 (Code A). If a tax form line's value is negative, treat it as a zero in your calculation.

8.	How much did the Applicant earn from working in 2025?				
9.	How much did the Applicant's spouse earn from working in 2025?				
10.	As of today, what is Applicant's (and spouse's) total current balance of cash, savings, and checking accounts? Don't include student financial aid.				
11.	As of today, what is the net worth of Applicant's (and spouse's) investments, including real estate? Don't include the home you live in. See Notes page 11.				
12.	As of today, what is the net worth of Applicant's (and spouse's) current businesses and/or investment farms? Don't include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. See Notes page 11.				

13. Applicant's 2025 Untaxed Income (Enter the combined amounts for Applicant and Applicant's spouse.)

a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).					
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1—total of lines 16 + 20.					
c. Child support received for any of Applicant's children. Don't include foster care or adoption payments.					
d. Tax exempt interest income from IRS Form 1040—line 2a.					
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040—(lines 4a + 5a) minus (lines 4b + 5b). Exclude rollovers. If negative, enter a zero here.					
f. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.					
g. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.					
h. Other untaxed income not reported in items 41a through 41g, such as workers' compensation, disability benefits, and untaxed foreign income not earned from work. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, on-base military housing or a military housing allowance, combat pay, or benefits from flexible spending arrangements (e.g., cafeteria plans)					
i. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that the Applicant received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.					

14. At any time during 2025, did Applicant (or Applicant’s spouse) or anyone in Applicant household receive benefits from any of the federal programs listed?

Medicaid or Supplemental Security Income (SSI)	☐
Supplemental Nutrition Assistance Program (SNAP)	☐
Free or Reduced Price School Lunch	☐
Temporary Assistance for Needy Families (TANF)	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐

15. As of today, is Applicant a dislocated worker? See Notes page 11	Yes	☐
	No	☐

Section Three - Financial Guarantor

16. Financial Guarantor

a	Last Name										
b	First Name										
c	Middle Initial										
d	Permanent Mailing Address										
e	Number and Street Address										
f	City										
g	State										
h	Date of Birth	____ \ ____ \ ____ Month Day Year									
i	Social Security Number See Notes page 11.	<table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td></tr></table>				-			-		
			-			-					
j	Drivers License Number										
k	Drivers License State										
l	Email Address										
m	Are you a US citizen	<table><tr><td>Yes</td><td>☐</td><td>No</td><td>☐</td></tr></table>	Yes	☐	No	☐					
Yes	☐	No	☐								

17.	What is Financial Guarantor's Marital Status	Single	☐
		Separated	☐
		Married / remarried	☐
		Divorced / widowed	☐

18. Financial Guarantor’s Spouse Information (if applicable)

a	Last Name										
b	First Name										
c	Middle Initial										
h	Date of Birth	____ \ ____ \ ____ Month Day Year									
i	Spouse Social Security Number See Notes page 11				-			-			
l	Spouse Email Address										
m	Is Spouse a US citizen	Yes				☐	No				☐

Answer questions 19-31 about the Financial Guarantor(s). If Financial Guarantor was never married, or is separated, divorced or widowed and has not remarried, answer only about the Financial Guarantor. If Financial Guarantor is married or remarried as of today, include information about his/her spouse.

19. For 2025, has the Financial Guarantor completed his/her IRS income tax return?

Completed 2025 return	☐
Will file but have not yet completed 2025 return	☐
Will not file a 2025 return	☐

20. What income tax return did the Financial Guarantor file or will file for 2025? See Notes page 11

IRS Form 1040	☐
IRS Form 1040-NR	☐
A tax return with Puerto Rico, another U.S. territory, or Freely Associated State.	☐

21. For 2025, what is or will be Financial Guarantor’s tax filing status according to their tax return?

Single	☐
Head of household	☐
Married - Filed Joint Return	☐
Married - filed separate return	☐
Qualifying widower	☐
Don't know	☐

22.	What was your (and spouse’s) adjusted gross income for 2025? Adjusted gross income is on IRS Form 1040—line 11.								
23.	Enter your (and spouse’s) income tax for 2025. Income tax amount is the total of IRS Form 1040—line 22 minus Schedule 2—line 2. If negative, enter a zero here.								

Questions 24 and 25 ask about earnings (wages, salaries, tips, etc.) in 2025. Answer the questions whether or not a tax return was filed. This information may be found on the W-2 forms or by adding up the following items: IRS Form 1040—line 1 (or IRS Form 1040-NR—line 1a) + Schedule 1—lines 3 + 6 + Schedule K-1 (IRS Form 1065)—Box 14 (Code A). If a tax form line’s value is negative, treat it as a zero in your calculation.

24.	How much did the Financial Guarantor earn from working in 2025?								
25.	How much did the Financial Guarantor's spouse earn from working in 2025?								
26.	As of today, what is the Financial Guarantor’s (and spouse’s) total current balance of cash, savings, and checking accounts? Don’t include student financial aid.								
27.	As of today, what is the net worth of Financial Guarantor’s (and spouse’s) investments, including real estate? Don’t include the home you live in. See Notes page 11								
28.	As of today, what is the net worth of Financial Guarantor’s (and spouse’s) current businesses and/or investment farms? Don’t include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. See Notes page 11.								

29. Financial Guarantor’s 2025 Untaxed Income (Enter the combined amounts for Financial Guarantor and Financial Guarantor’s spouse.)

a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.					
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1—total of lines 16 + 20.					
c. Child support received for any of Financial Guarantor’s children. Don’t include foster care or adoption payments.					
d. Tax exempt interest income from IRS Form 1040—line 2a.					
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040—(lines 4a + 5a) minus (lines 4b + 5b). Exclude rollovers. If negative, enter a zero here.					
f. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don’t include the value of on-base military housing or the value of a basic military allowance for housing.					
g. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.					
h. Other untaxed income not reported in items 41a through 41g, such as workers’ compensation, disability benefits, and untaxed foreign income not earned from work. Don’t include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, on-base military housing or a military housing allowance, combat pay, or benefits from flexible spending arrangements (e.g., cafeteria plans)					
i. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that the Applicant received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.					

30. At any time during 2025, did Applicant (or Applicant’s spouse) or anyone in Applicant household receive benefits from any of the federal programs listed?

Medicaid or Supplemental Security Income (SSI)	☐
Supplemental Nutrition Assistance Program (SNAP)	☐
Free or Reduced Price School Lunch	☐
Temporary Assistance for Needy Families (TANF)	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐

31. As of today, is Applicant a dislocated worker? See Notes page 11.	Yes	☐
	No	☐

Notes for question 1, 16, and 18 (SSN): Enter your Social Security Number (SSN) as it appears on your Social Security card. Do not enter an Individual Taxpayer Identification Number (ITIN) in the Social Security Number field.

Notes for questions 2 and 18: Report your marital status as of the date you sign the Application.

Notes for questions 4 and 20: If you filed or will file a foreign tax return or IRS Form 1040-NR, or a tax return with Puerto Rico, another U.S. territory (e.g., Guam, American Samoa, the U.S. Virgin Islands, Swain's Island or the Northern Marianas Islands) or one of the Freely Associated States, use the information from that return to fill out this form. If you filed a foreign return, convert all monetary units to U.S. dollars, using the published exchange rate in effect for the date nearest to today's date. To view the daily exchange rates, go to federalreserve.gov/releases/h10/current.

Notes for questions 10, 11 26 and 27:

Net worth means the current value, as of today, of investments, businesses, and/or investment farms, minus debts related to those same investments, businesses, and/or investment farms. When calculating net worth, use 0 for investments or properties with a negative value.

Investments include real estate (do not include the home in which you live), rental property (includes a unit within a family home that has its own entrance, kitchen, and bath rented to someone other than a family member), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc.

Investments also include qualified educational benefits or education savings accounts (e.g., Coverdell savings accounts, 529 college savings plans and the refund value of 529 prepaid tuition plans).

Investment value means the current balance or market value of these investments as of today. Investment debt means only those debts that are related to the investments. Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.

Investment farm value does not include the value of a family farm that Applicant (Applicant's spouse and/or Financial Guarantor(s) own and operate.

Notes for question 15 and 31: In general, a person may be considered a dislocated worker if he or she:

- is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation;
- has been laid off or received a lay-off notice from a job;
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is the spouse of an active duty member of the Armed Forces and has experienced a loss of employment because of relocating due to permanent change in duty station; or
- is the spouse of an active duty member of the Armed Forces and is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad), is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment. Except for the spouse of an active duty member of the Armed Forces, if a person quits work, generally he or she is not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

YOUR RIGHTS AND RESPONSIBILITIES

- By signing and submitting this application, you state that you have permission from all of the people listed on the application to both submit their information to the Eighth Street Community, and receive any information about their eligibility..
- You understand that providing the requested information (including social security numbers) is voluntary. However, failing to provide it may delay or prevent Applicant being approved.
- You understand that Eighth Street will check the information you give us to make sure it is correct. You give Eighth Street permission to contact any outside source(s) necessary to check this information, process your application, determine eligibility, and otherwise operate our programs. These outside sources may include:
 - Federal agencies (such as the Internal Revenue Service, Social Security Administration, and Department of Homeland Security), other state agencies, and/or local government agencies.
 - Banks, financial institutions, and consumer reporting agencies.
 - Employers identified on applications for eligibility determinations.
 - Doctors or other medical providers.
 - Eighth Street contractors engaged to perform a function for the Medicaid program.
 - Anyone else as required or allowed by law.
 - Applicants/enrollees, and authorized representatives of Financial Guarantors.
- You give these outside sources permission to give Eighth Street any information about you, or any person necessary for this application, that it may request. You understand that this permission will end when this application is denied, when your eligibility ends, or when you submit a written statement to Eighth Street canceling this permission, whichever comes first. A cancellation may prevent you from being found to be eligible for our program.
- You understand the social security numbers will only be used to get information from these outside sources to verify income, make eligibility determinations, or for other purposes directly connected to the administration of the Eighth Street program.
- You must tell Eighth Street if anything changes or is different from what you've written on this application. Call 1-256-489-2997 to report any changes. You also understand that a change in your information could affect the eligibility for member(s) of your household. You agree to tell Eighth Street within 10 days if any of the following change: mailing or home addresses, things you own, health insurance coverage or premiums, income, if anyone moves in or out of your home, or if anyone moves out of state.
- You state that answers you gave on this application are true and correct. If you purposely gave information that is not true or if you withheld information, you have committed fraud. If you commit fraud, you may have to pay back money that Eighth Street pays for care that you receive.
- You state that the information given in this application about your citizenship and immigration status is true and correct.
- By signing and submitting this application, you understand that if anyone on this application enrolls in Eighth Street programs, you are giving Eighth Street your rights to any money owed to you by any other health insurance, legal settlement, a spouse or parent, or other third party.
- Eighth Street Community cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights by mail to Ripley Street, Montgomery, Al. 36130-4000, (334)242-1550, oeecr@dhr.alabama.gov

After reading, please continue to the next page to complete your application.

Use this space or an extra piece of paper for any comments or information that you could not fit on your application.

Section Four - Signature

Read and sign below

By signing this application I am giving my permission to Eighth Street15 Community and its agents to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or someone has read to me the “Rights and Responsibilities” section of the application (located on page 12), including fraud penalties.

Applicant (or legal Power of Attorney) Sign Here	Date:
Application Point of Contact Sign here:	Date:
Spouse sign here (<i>if applying</i>):	Date:
Application assistant sign here (<i>if necessary</i>):	Date:

DOCUMENTS OF PROOF

We may ask you for documentation to prove what is reported on this application. Let us know if you do not have or cannot obtain any of these documents and we may be able to assist you. We are required by law to keep all information you provide to us private.

Use the checklist below to help keep track of what you may need to provide as proof.

- Copy of Permanent Resident Card (green card) or other cards/forms from U.S. Citizenship and Immigration Services. Only for applicants who are not U.S. citizens.
- Copy of legal documents to show power of attorney, curator, or interdiction.
- Proof of income, such as IRS and State Tax returns for 2023, a check stub or award letter showing amount of gross income (before deductions), from retirement, pension, Veteran's benefits, annuities, mineral rights, worker's compensation, child support, reverse annuity mortgages, and royalties. Provide for applicant, applicant's spouse, or Financial Guarantor.
- For anyone who works, send pay stubs or a letter from employer showing gross pay (before deductions) for the last month. If self-employed, send copies of their most recent tax return and all schedule attachments. Provide for applicant, applicant's spouse, applicant's Financial Guarantor.
- Copies of bank statements for the last three months. Send ALL pages showing the check images, account numbers, names and addresses of banks, all deposits and withdrawals, and all names on the accounts. Provide for applicant, applicant's spouse, applicant's Financial Guarantor, and applicant's dependents under age 18.
- Account statements for certificates of deposit (CDs), IRAs, 401-Ks, Keoghs, and retirement accounts for the last three months. Provide for applicant, applicant's spouse, applicant's Financial Guarantor, and applicant's dependents under age 18.
- Copies of stocks and bonds, including any account statements. Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.
- Copies of trust documents, including schedule of assets and current values of the items in trust. Provide for applicant, applicant's spouse, applicant's Financial Guarantor, and applicant's dependents under age 18.
- Copies of all health insurance cards (front AND back), including Medicare, long-term care insurance, Medicare prescription drug plans, and Medicare supplements. Include verification of premium amounts. Provide for applicant, applicant's spouse, and applicant's dependents under age 18.