



EVAN DAVID FOUNDATION

"Because a Child is a Precious Gift"

APPLICATION CHECKLIST

PLEASE COMPLETE CHECKLIST AND RETURN WITH APPLICATION

- _____ 1. Funding Requested form (This should be the coversheet of your Submission request.)
- _____ 2. Signed Certification of Application and HIPPA
- _____ 3. Application Checklist (this page)
- _____ 4. Applicant Information Form from Applicant and Applicant's Partner, including Personal Information sheets.
- _____ 5. Completed and signed Financial Affidavit
- _____ 6. Signed FAQs form
- _____ 6. Typed description of infertility history, personal situation and financial need (maximum 1 page)
- _____ 7. Proof of income with documentation. This must include:
 - a. Copies of the last TWO federal IRS tax returns for each party on the Application in their ENTIRETY (any schedules must also be included)
 - b. Copies of the TWO most recent pay stubs from each party on the Application
- _____ 8. Photocopy of BOTH sides of health insurance cards for both Applicant and Applicant's Partner
- _____ 9. Physician Letter from your current fertility specialist (mailed separately)
- _____ 10. Email to www.EvanDavidFoundation@gmail.com saying that you are mailing in an Application.

We hereby state that all the above items have been truthfully completed and are enclosed as part of our Application.

Signature

Signature

Print Name

Print Name

FORMS CAN BE FOUND AT: www.EvanDavidFdn.org