

Insurance Assistance Program Application

Date: _____

To Whom It May Concern,

I am writing to apply for assistance through the Insurance Assistance Program for low-income families. My name is **[Your Name]**, and I reside at **[Your Address]**. My family is currently facing financial hardship, and I am seeking support to secure essential health insurance coverage.

Details of my family situation are as follows:

- Family Members: **[Number of family members]**
- Monthly Income: **[Your Monthly Income]**
- Current Insurance Status: **[Insured/Uninsured/Other]**

I have attached the necessary documentation to support my application, including:

- Proof of income (e.g., pay stubs, tax returns)
- Identification for all family members
- Any additional relevant documents

Thank you for considering my application. I appreciate any assistance your program can provide to help my family obtain the health insurance we need.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]