



16810 E Avenue of the Fountains Ste 103  
Fountain Hills, AZ 85268  
(833) P39-HLTH (739-4584)

**Customer Income-Based Application**

Customers Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Info: Ph.# \_\_\_\_\_ Cell \_\_ Hm. \_\_ Email \_\_\_\_\_

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1. \*Total monthly gross (household) Income: \$ \_\_\_\_\_

*\*Total household income includes the following for all members of the household: (gross salary, Unemployment benefits, Disability and Workers Compensation, Social Security and/or Supplemental (SSI) Benefits, Public Assistance, or other income.)*

**Required Documentation: Copy of Driver's License/State ID, proof of all income and last bank statement** (you can black out anything but your name and deposit amounts with detail for bank statement)

Number of family members supported by above income: \_\_\_\_\_

Product(s) Requested: \_\_\_\_\_

Total of Product \$ \_\_\_\_\_ Ability to pay Amt. \$ \_\_\_\_\_

2. Please Advise us of any extenuating circumstances you would like us to consider. If you need additional space, please attach a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge that the above information is true and correct. I authorize P39 Enterprise LLC to verify the above information for the sole purpose of assessing financial need, including the right to seek supporting documentation for the above request. I understand that if I do not qualify, I will be notified of the decision in writing. I hereby acknowledge that I am neither related to, nor employed by P39 Enterprise LLC or any of its entities or affiliates.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



List of Monthly Household Expenses:

- 1. Rent/Mortgage \$ \_\_\_\_\_
- 2. Utilities Combined (Elec. Gas, Water) \$ \_\_\_\_\_
- 3. Auto Payment \$ \_\_\_\_\_ Auto Ins. \$ \_\_\_\_\_
- 4. Food, Clothing, Entertainment \$ \_\_\_\_\_
- 5. Medical Expenses \$ \_\_\_\_\_
- 6. Other \$ \_\_\_\_\_

Total of lines 1-6 \$ \_\_\_\_\_

Total \$ amount currently in all of your checking accounts: \_\_\_\_\_

Total \$ amount currently in all of your savings accounts: \_\_\_\_\_

\*\*\*\*\* Please note that this information is a formality and necessary for our program. The P39 Family is here to help our family, friends and community with their CBD needs. Please call with any questions.

Please submit all forms and required documents to:

[info@p39enterprise.com](mailto:info@p39enterprise.com)

Mail or Hand Deliver to:

P39 ENTERPRISE, LLC  
 16810 E Avenue of the Fountains Ste 103  
 Fountain Hills, AZ 85268  
 (833) P39-HLTH (739-4584)

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Office Use Only

Copy of Driver's License: \_\_\_\_\_ Proof of Income: \_\_\_\_\_ Bank Statement: \_\_\_\_\_

Processor Name: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

**\*\* All approved applications are reviewed on a quarterly basis from the date of approval\*\***