

# Final Financial Help Agreement

Person In Need: \_\_\_\_\_  
Name

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

As your: \_\_\_Parent (s) \_\_\_Grandparent(s) \_\_\_Other: \_\_\_\_\_  
because I (we) love you and want the best for you, and also because of our history of helping you financially, I (we) enter into the following agreement with you:

In consideration of my (our) willingness to help you financially **one last time** by:

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I (we) are asking you to agree to **never** ask for money or financial help of any kind **ever again** (except for documentable medical help).

As the *Person In Need* and in consideration of the financial help listed above, I agree to never ask for, or expect financial help ever again (except for documentable medical help).

\_\_\_\_\_  
*Person In Need* Signature

\_\_\_\_\_  
My Family /Friend Signature

\_\_\_\_\_  
My Family /Friend Signature

\_\_\_\_\_  
My Family /Friend Signature