



Financial Assistance Program Application

Wages, Income & Other Information

Patient/Guarantor

Spouse/Second parent/Significant other

Name	Name
Wages (monthly): \$	Wages (monthly): \$
Child support: \$	Child support: \$
VA benefits: \$	VA benefits: \$
SSI: \$	SSI: \$
Other: \$	Other: \$
Explain other:	Explain other:

Zero income is not acceptable without a letter defining the cause for this situation and an explanation regarding how your daily needs of living are met. If you are living with or receiving assistance from another party/person, that person's income may be requested or verification regarding the gift amount (the monetary assistance they are giving to you). Additionally, two written statements from non-family members may be required as verification and must include a signature, date, phone number, address, relationship, (how they know the patient) and the document must be notarized.

Residence:

Rent: _____ Own: _____

Landlord/Mortgage Holder: _____

Phone Number _____ Monthly payment \$ _____

Number of individuals living in the household _____ Number under age 18 _____

Relationship to the patient: _____

Utilities: \$ _____

Gas - auto: \$ _____

Auto/truck payments: \$ _____

Loans: \$ _____

Medical bills: \$ _____

Food: \$ _____

Auto and homeowners' insurance: \$ _____

Cell Phone: \$ _____

Medical insurance: \$ _____

Cable provider: \$ _____

Copies of these monthly statements must be included.

Resources:

Checking: yes ___ no ___ Cash on hand: \$ _____

Savings: yes ___ no ___ Savings balance: \$ _____

Flexible spending and health savings account: yes ___ no: ___ Balance available: _____

Other information/Vehicles:

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

Requested documents:

_____ Last 4 paycheck stubs

_____ Social security benefit letter

_____ Last 3 months bank statements

_____ 2021 Federal tax return

_____ Medicaid eligibility letter

_____ Any documents showing child support or alimony received or paid

_____ If out of work due to illness or injury, letter from our employer regarding your employment status

Proof of expense:

_____ Copy of monthly mortgage payment

_____ Copy of rental agreement

_____ Copies of all monthly bills