



Other Income/Assistance

Source	\$ Amount			
	<u>Applicant</u>	<u>Spouse</u>	<u>Child</u>	<u>Other</u>
Social Sec				
SSI				
VA/ Pension				
Retirement				
Rentals				
Child Support				

I declare that the answers I have given are true and correct to the best of my knowledge.
 I understand that my statements and eligibility may be subject to verification.
 I understand that if I DO NOT qualify, I am responsible for the full amount of charges.

Patient/ Guarantor _____ Date _____

Attachments

Please submit *ALL* of the following to this application:

1. Copies of Social Security cards for ALL household members.
2. Verification of *ALL* household income (check stubs from any or all of the following):
Employer, SSI, unemployment, interest, royalty, etc.

Please attach the following to this application:

1. Employment history for *ALL* household members for the past 2 years.
2. Income tax returns for *ALL* household members for the past 2 years.



Resources

Do You Own?	<u>No</u>	<u>Yes</u>	<u>Est. \$ Value</u>	<u>\$ Owned</u>
Home				
Other Property				
Automobile(s)				

Expenses

<u>Category of Expense</u>	<u>\$ Monthly Amount</u>
Mortgage/Rent	
Medical Insurance	
Utilities	
Auto Insurance	
Telephone	
Hospital/Physician Bills/Treatment Center	
Medication	
Auto Payments	
Food	
Alternative Peer Group	
Consumer Debt (credit cards, etc)	
Additional Loans	

