

## Household Financial Information (HFI)

Revised 11/22/24

Client#: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Last Name:		First Name:	
Address:			
Phone Number:	Date of Birth:	Social Security #	
Insurance Company: Please provide copy of both sides of insurance card			
Policy # / Subscribers SS# if VA insurance:			Group #

### Household Income Verification

☐ I would like to speak with someone regarding Sliding Fee Information.

The below household financial information is an estimate of your annual income.

Number of Adults in household \_\_\_\_\_ Number of Children under 18 in household \_\_\_\_\_

Income Source	Income 1	Income 2	Income 3	Subtotal
Employment				
Unemployment				
Social Security				
Disability				
Other Sources of Income (e.g. TANF, SNAP, AND)				
Total:				

Please provide verification for the above income as follows:

- If you or anyone in your household is employed, please provide a copy of paystubs supporting your most recent 30 days of employment. If self-employed, please provide your most recent Income Tax Return and supporting Form 1099, if applicable, along with a year-to-date Profit & Loss statement.
- If you or anyone in your household is receiving Unemployment, Social Security, Disability, or TANF, please provide award letters for these sources of income.

☐ **My household has no current source of income and /or benefits. I agree to bring Proof of Income as soon as I become employed or proof of benefits or other sources of income as they are obtained.**

I attest that the information I have provided on this form is true and accurate, to the best of my knowledge, as of the date this form was signed. I agree to provide updated insurance and financial information should anything change in the future. I understand that I will be required to provide an update to this form at least annually.

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

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