



Patient/Financial Aide Application

Personal Information

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State _____

Household Financial Information

How much did your household earn from working last year? _____

Social Security (Retirement) _____

Child support / spousal support received last year _____

Financial Assistance

SSI or SSDI Payments _____

Unemployment/Workers' Compensation _____

Temporary Assistance to Needy Families (TANF) _____

Food Stamps _____

Other _____

Total Monthly Household Income _____

Available Assets

Checking/Savings _____

Pension _____

Investments/Assets _____

Total Available Assets _____

Monthly Household Expenses

Own or rent? _____

Monthly mortgage/rent payment _____

Food (not including food stamps) _____

Utilities _____

Phone _____

Cable/Internet _____

Credit Card/Loan Payments _____

Medications/Medical Cost _____

Out of Pocket Health Insurance _____

Life Insurance _____

Do you have cars in your household - list make/model _____

Car Payment Total _____

Car Insurance/Car Expense/Gas _____

Other Monthly Expenses _____

Total Monthly Expenses _____

Is there any other information you would like to share with us?

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this application and in the accompanying statements is true, complete, and correct. The undersigned agrees to provide information verifying the accuracy of his or her completed form, which may include US or state income tax forms that were filed and copies of W-2 wage and tax statements.

Signature _____

Date _____

Print Name _____