



**Total persons in household:**

<b>SOURCE</b>	<b>SELF</b>	<b>SPOUSE</b>	<b>OTHER</b>	<b>TOTAL</b>
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>Total Income</b>				

**NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.**

**Incomplete or fraudulent applications will be denied. Fraudulent information may also lead to revocation of charity assistance if discovered after it has been granted.**

**In completing this financial assistance application, I hereby affirm that the above statements are correct and complete and certify that the family size and income information shown above is correct.**

Name (Print): \_\_\_\_\_

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

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

Relationship If Other Than Patient: \_\_\_\_\_

**Office Use Only**

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved By and Date: \_\_\_\_\_

<b>VERIFICATION CHECKLIST</b>	<b>YES</b>	<b>NO</b>
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		