



Financial Assistance Application

Applicant Information

Guarantor/Applicant Name _____
Last First M.I.

Guarantor/Applicant Date of Birth _____ GUAR# _____

Spouse/Co-Applicant _____
Last First M.I.

Spouse/Co-Applicant Date of Birth _____ GUAR# _____

Address _____
Street Address Apt/Unit #

_____ *City State ZIP Code*

Phone _____ Email _____

Applicant SSN/ITIN* _____ Spouse/Co-Applicant SSN/ITIN* _____
*Optional

Number in Household _____

First & Last Names/Ages of Household Members _____

Presumptive eligibility: Do you receive assistance from? (check all that apply, **please provide a copy of the letter received from the agency for proof of participation.**) If none of these apply to your situation please provide the necessary documentation on the next page.

- Medicaid/CHIP SNAP Homeless Shelter Section 8 Housing Other

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible to receive financial assistance.

Guarantor Signature _____ Date _____

Spouse/Partner Signature _____ Date _____

Application Documents

Please provide the following documents (Copies only – originals will not be returned) along with your application to determine eligibility.

- Two most recent paystubs with gross year-to-date earnings.
- Most recent and previous years (two years) tax returns.
- Three months of current Bank Statements for all accounts including checking and savings (with transactions).
 - For applicant and co-applicant
- SSI/SSDI benefits letter (if applicable).
- Proof of child support (if applicable).
- Medicaid denial letter required for all adults and children involved in application.
- Work Comp/Unemployment benefit letter (if applicable).
- Letter indicating any additional support or explanation of your financial situation.

If unable to provide the requested information, please write a letter explaining your financial situation.

Financial assistance expires 6 months from the approval date. Adjustments will be made to active and current accounts only.

Financial Information

	Guarantor/Applicant/Frequency	Household/Co-applicant/Frequency
INCOME Gross Wages / Unemployment / Work Comp	\$ / Employer:	\$ / Employer:
SSI / SSDI Benefits	\$	\$
Child Support	\$	\$
Retirement / Pension	\$	\$
Other Income	\$	\$
Bank Name:	Checking: \$ Savings: \$	Checking: \$ Savings: \$