



## Hospital Financial Assistance Application

Date \_\_\_\_\_ Clerk \_\_\_\_\_ Account # \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address if Different from Street Address \_\_\_\_\_ How Long \_\_\_\_\_

Present Employer \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Salary<sup>1</sup> \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Present Salary \_\_\_\_\_ SS# \_\_\_\_\_

Present Employer \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone \_\_\_\_\_

Other Income \_\_\_\_\_ Have you applied for State/Federal Aid? (yes) \_\_\_\_\_ (no) \_\_\_\_\_

If Yes, When and Type \_\_\_\_\_

Monthly Expenses: Rent/Mortgage \_\_\_\_\_ Medical \_\_\_\_\_ Food/Utilities \_\_\_\_\_ Other \_\_\_\_\_

<i>Listing of Assets<sup>2</sup> (use additional sheet if necessary)</i>	<i>Market Value</i>	<i>Outstanding Debt/Liability</i>	<i>Net Value (Market Value less Debt)</i>
<b>Banking Accounts:</b> Name of Bank: _____ <div style="text-align: right;">             Checking Balance: \$ _____              Savings or Investments Balance: \$ _____              Brokerage Accounts Balance: \$ _____           </div>		N/A	N/A
<b>Primary dwelling</b> (if owned or purchasing)	\$ _____	\$ _____	\$ _____
<b>Automobiles</b>  Auto 1 Yr/Make/Model: _____ Auto 2 Yr/Make/Model: _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
<b>Business &amp; rental property</b>  Name of Properties: _____ Location/Address of Properties: _____	\$ _____	\$ _____	\$ _____
<b>Farm land and other land holdings</b>  Location/Address of Properties: _____	\$ _____	\$ _____	\$ _____

