

Annual Household Income

Source	Self	Spouse	Total
Gross Monthly Wages, Salaries, Tips, Etc.			
Social Security, SSI, SSDI			
Alimony, Child Support, Military Family Allotments			
Public Assistance			
Business, Self-Employment, and Dependents			
Retirement or Pension			
Veterans Benefits			
Unemployment			
Rent, Interest, Dividend, and Other Income If other, please Identify:			
TOTAL INCOME			

REQUIRED DOCUMENTS (MUST ATTACH COPIES)	ATTACHED
Proof of Identification/Address: Driver's License, Birth Certificate, Employment ID, Social Security Card or Other	<input type="checkbox"/>
Proof of All Income: Three Most-Recent Pay Stubs for each earner, SS, SSI, SSDI, Alimony, Child Support, Public Assistance, Retirement, Pension, VA Benefits, Unemployment, or Other	<input type="checkbox"/>
Copy of your most recent 1040 tax return including all applicable schedules	<input type="checkbox"/>
Copy of Insurance Cards/Medicaid: Application Made or Evidence of Rejection	<input type="checkbox"/>

By signing below I certify that the information contained in this Application for Financial Assistance and the documentation which I submit is accurate, true and correct to the best of my knowledge.

NAME (PRINT)	
SIGNATURE	DATE
SPOUSE'S NAME (PRINT)	
SIGNATURE	DATE

Office Use Only

Patient Name	<input style="width: 100%;" type="text"/>	Account Number(s)	<input style="width: 100%;" type="text"/>
Discount	<input style="width: 100%;" type="text"/>	Approved By	<input style="width: 100%;" type="text"/>