



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 Salary¹ _____ 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 Assets²</i> <small>(use additional sheet if necessary)</small>	<i>Market Value</i>	<i>Outstanding Debt/Liability</i>	<i>Net Value</i> <small>(Market Value less Debt)</small>
Banking Accounts: Name of Bank: _____ <div style="text-align: right;"> Checking Balance: \$ _____ Savings or Investments Balance: \$ _____ Brokerage Accounts Balance: \$ _____ </div>		N/A	N/A
Primary dwelling (if owned or purchasing)	\$ _____	\$ _____	\$ _____
Automobiles Auto 1 Make/Model: _____ Auto 1 Make/Model: _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
Business & rental property Name of Properties: _____ Location/Address of Properties: _____	\$ _____	\$ _____	\$ _____
Farm land and other land holdings Location/Address of Properties: _____	\$ _____	\$ _____	\$ _____

