



# FINANCIAL ASSISTANCE APPLICATION

### Applicant Information:

(Please print and all fields must be completed. Indicate N/A if not applicable on any individual line in the application)

Name (first and last) \_\_\_\_\_  
Birth date \_\_\_\_\_ Marital status \_\_\_\_\_ Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Employer \_\_\_\_\_ Employment status \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

### Applicant's Spouse Information:

Name (first and last) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Phone number \_\_\_\_\_  
Employer \_\_\_\_\_ Employment status \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

### Dependents:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_


### Monthly Income:


(Fill in dollar amounts for each item listed below. Provide amount per month for each.)

Applicant Gross Income \_\_\_\_\_ Child Support Received \_\_\_\_\_  
Spouse Gross Income \_\_\_\_\_ Alimony Received \_\_\_\_\_  
Social Security benefits \_\_\_\_\_ Rental Property Income \_\_\_\_\_  
Pension/Retirement Income \_\_\_\_\_ Self-Employment Income \_\_\_\_\_  
Disability Income \_\_\_\_\_ Other Income \_\_\_\_\_  
Workers Comp Income \_\_\_\_\_ No income: Complete/sign declaration of no income form.

I affirm by my signature below that the information contained on this application is true to the best of my knowledge. I agree to provide additional information as requested to determine eligibility. I agree to inform St Mary's Healthcare promptly of any changes in my needs, income, living arrangements or address.

 \_\_\_\_\_  
Applicant's Signature

 \_\_\_\_\_  
Relationship (if other than patient)

 \_\_\_\_\_  
Date

**OFFICE USE ONLY**  
Discount % Approved \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Approval Initials \_\_\_\_\_