

SECTION 3: MONTHLY FAMILY INCOME

Type of income	Guarantor	Spouse/Other
Gross Wages	\$	\$
Self-Employment Income	\$	\$
Social Security Income	\$	\$
Disability Income	\$	\$
Pension Income	\$	\$
Alimony/Child Support	\$	\$
Unemployment Income	\$	\$
Other Income (Explain)	\$	\$
TOTAL MONTHLY INCOME	\$	\$

If there is no monthly family income, please provide a brief explanation related to how patient is supported financially:

SECTION 4: MONTHLY EXPENSES

TYPE OF EXPENSE	\$
Rent/Mortgage	\$
Utilities	\$
Auto Loan	\$
Telephone/Cell Phone	\$
Insurance (Home/Auto)	\$
Credit Card	\$
Food	\$
Child Care	\$
Medical	\$
Pharmacy	\$
Other Expenses (Explain)	\$
TOTAL MONTHLY EXPENSES	\$

SECTION 5: ASSETS

Do You Own Your Own Home: ____ Yes ____ No Estimated Value of Home: \$ _____

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

Other Asset Balance(s) - CDs, Stocks, Bonds, Retirement Accounts, etc.): _____

SECTION 6: INCOME VERIFICATION

Copies of supporting documentation must be submitted for all income in order for application to be considered. Examples of acceptable documentation are defined below:

- Prior year tax return (all schedules), including copies of all W2s, 1099s, SSI letters, etc. -

REQUIRED

- Two most recent pay stubs (applicable when current year income changes significantly from previous year)
- Written verification of wages from employer(s)
- Award letter from Social Security
- Award letter from Unemployment
- Two most recent bank statements (checking, savings, investments, retirement, etc.)
- Two most recent investment statements (retirement, annuity, CD, etc.)
- Legal decree documenting tax dependent eligibility and court-ordered income

Additional information to support need for assistance:

SECTION 7: SIGNATURE

I hereby certify the information provided above as part of the JCH Financial Assistance Application is true and accurate to the best of my knowledge. I understand I may be contacted by an JCH representative to discuss this application or request additional documentation. I understand failure to complete the Financial Assistance Application in its entirety, including providing supporting documentation, will result in denial of financial assistance. Furthermore, I have exhausted all my efforts to obtain assistance (Medicare, Medicaid, HIP, etc.) which may be available to cover services provided by JCH. Should potential assistance be identified, I will take any and all actions necessary to obtain such assistance.

I acknowledge completion of the Financial Assistance Application does not guarantee any reduction in the amount due to JCH. I understand I am responsible for any account balances not covered by or in part by financial assistance.

Patient or Account Guarantor Signature: _____ Date: _____