



Financial Assistance Application

Name: _____ Account Number(s): _____

Address: _____ Length at address: _____

City: _____ State: _____ Zip: _____ Phone: _____

List all household members by legal name, including yourself

Name (Last, First & Middle Initial)	Date of Birth	Age	Relation to Guarantor	Occupation	Social Security Number	Gross Annual Income
Total						

Sources of Gross Household Income:

Employer	
Social Security	
Self-Employment Income	
Interest	
Workers Compensation	
Unemployment Compensation	
Alimony	
Rental Income	
Pension / Retirement Income	
Investment Income	
Other Income or Support	
Total	

Vehicles:

1	Brand	
	Model	
	Year	
	Market Value	
2	Brand	
	Model	
	Year	
	Market Value	
3	Brand	
	Model	
	Year	
	Market Value	

Savings, Checking and Investment Accounts:

Type of Account	Institution Name	Balance
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
IRAs and 401k / 403b employee sponsored plans		
Total		

Real Estate

Type of Real Estate	Market Value	Mortgage Payment	Outstanding Balance
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			

Monthly Payments & Living Expenses

	Total monthly payment
Medical , including health insurance and monthly medication	
Housing and utilities , including rent, power, gas, water, property tax and/or mortgage	
Transportation , including car payments, car insurance and/or monthly transportation costs	
Other living expenses , including day care, child support, tuition and/or alimony	

Do you any outstanding medical bills, not including the bill for which you are currently applying for financial assistance?

Yes No If yes, what is the total amount due: _____

Do you have Medical Insurance? Yes No

Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Auto Insurance? Yes No

Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Individual or Supplemental Insurance? Yes No

Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Medicare or Medicaid? Yes No Medicare Num: _____ Medicaid Num: _____

Statement

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that the information that I submit is subject to verification, including credit agency scoring, and subject to review by federal and/or state agencies and others as required. I authorize my employer to release to Piedmont Healthcare proof of my income. I understand that if any information I have given proves to be untrue, Piedmont Healthcare will re-evaluate my financial status and take whatever action becomes appropriate.

Signature of Applicant

Date

Signature of Witness

Date