



**Financial Assistance Application**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_  
 Patient Name (First, Middle, Last); \_\_\_\_\_

Family Size				
Number of Persons Living in Household: _____				
Name (First, Middle, Last)	Relationship	Date of Birth		
Income (Annual)				
	Person 1	Person 2	Person 3/ Sponsor	Grand Total
Gross Wages/Salary (including all sources of income)	\$	\$	\$	\$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting income documentation is required with this application to be eligible for this program. Supporting documentation must be in the form of an IRS Form 1040. If an IRS Form 1040 is not available, submit a brief letter explaining your income source and why an IRS Form 1040 is not available. Additional documentation such as W-2 statements, copies of recent paychecks, and/or bank statements showing activity may be included as well.