Hamakua Health Center, Inc. **FINANCIAL ASSISTANCE APPLICATION AND INCOME/EXPENSE VERIFICATION**	**FOR OFFICE USE ONLY**
Name(Adult/Guardian): **Address:** **City, State, Zip:**	___PRACTICE MNGMNT SYSTEM ___COVERSHEET ___SPREADSHEET ___SCAN ___LETTER SENT
Date of Birth:	**Sliding Fee Scale** ☐ ☐ ☐ ☐ ☐ **Eligibility:** **A B C D E** **FPL %:** _____ **EFFECTIVE DATE:**_____
Telephone:	**Medical Record Number:**

1. **Income** *(For average monthly, add up all the income you received in each category over the last 12 months and divide the total by 12.)*

		Last 12 Months	Average Monthly
a.	Salary or wages (gross, before taxes)……	$ _____	_____
b.	Income from self-employment (gross, before taxes)…..……..	$_____	_____
c.	Overtime (gross, before taxes)……	$_____	_____
d.	Commissions or bonuses…….	$_____	_____
e.	Public assistance (for example: TANF, SSI, GA) . currently receiving…….	$_____	_____
f.	Spousal support . from current marriage . from a different marriage…….....	$_____	_____
g.	Partner support . from current partner . from different partner…….	$_____	_____
h.	Pension/retirement fund payments……..	$_____	_____
i.	Social Security retirement (not SSI)……..	$_____	_____
j.	Disability……	$_____	_____
k.	Unemployment compensation……..	$_____	_____
l.	Worker's compensation…….	$_____	_____
m.	Other (military BAQ, royalty payments, grants, etc.) specify:……..	$ _____	_____
TOTAL INCOME……		$_____	_____

PLEASE COMPLETE IF THERE HAS BEEN A SIGNIFICANT REDUCTION OF INCOME

My financial situation has changed significantly over the last 12 months because:

_____

_____

_____

_____

2. **ASSETS** (Include all assets owned by all persons listed in family size):

SAVINGS ACCOUNTINGS $_____
CHECKING/DEBIT ACCOUNTS $_____
CASH ON HAND $_____
INVESTMENT ACCOUNTS $_____

Real Estate (home, condo, land):

TMK:_____ Bank Name (if financed)_____
Market Value:_____ Amount owed:_____
Rental Prop. Owned: Yes__No__ Rental Income:_____
Automobile(s):

Make_____ Model_____ Year_____
Make_____ Model_____ Year_____
Recreational Vehicles (type and value):_____

3. **MONTHLY EXPENSES:**

Rent/Mortgage payment	$_____	Car payment	$_____
Credit Card payment(s)	$_____	Other Loan payment(s)	$_____
Electricity	$_____	Car Insurance	$_____
Water	$_____	Medical Ins.	$_____
Telephone/Cell Phone	$_____	Life Insurance.	$_____
Internet/Cable Services	$_____	Entertainment	$_____
Food /Supplies	$_____	Tuition	$_____
Clothing	$_____	Entertainment	$_____
Child Care/Support	$_____	Business	$_____
Other (specify)	$_____		

_____

TOTAL MONTHLY EXPENSES: $_____

4. **The following people live with me:**

Name	Date of Birth	Relation to Applicant	Also has HHC bill? Y or N	Monthly Income	Pays some of the household expenses?
1.					☐ Yes ☐ No
2.					☐ Yes ☐ No
3.					☐ Yes ☐ No
4.					☐ Yes ☐ No
5.					☐ Yes ☐ No

Proof of income and liquid assets are required to process your application and MUST BE SUBMITTED WITHIN 7 DAYS OF THE DATE OF THIS APPLICATION TO AVOID DENIAL.
The following documents listed below are requested:

- Veterans Benefits
- General Assistance
- Worker's Compensation
- W-2 Forms
- Pension Notice
- Pay stubs for the last three pay periods
- Social Security income verification
- Bank/Investment Account Statements for last 3 months
- Alimony/child support
- AFDC and/or food stamps
- Unemployment or disability income verification
- If self-employed, Schedule C or F from last federal tax return or YTD Profit and Loss Statement

If your household income is zero, tell us how your shelter, clothing, food and other living costs are provided and provide a written attestation by the source:

SHELTER: _____
CLOTHING: _____
FOOD: _____
OTHER: _____

I UNDERSTAND THAT A FALSE DECLARATION OF INCOME WILL RESULT IN PERMANENT WITHDRAWAL OF MY ELIGIBILITY TO PARTICIPATE IN THE PATIENT ASSISTANCE PROGRAM AND THAT I MAY BE RESPONSIBLE FOR THE FULL COST OF THE CARE, MEDICATIONS AND/OR LABORATORY SERVICES I HAVE RECEIVED.

_____ _____
Signature of Applicant Date Signed

_____ _____
Signature of HHC Interviewer Date Signed

_____ _____
Signature of Verifier Date Signed

SFS Income Verification Documenation

Salary or Wages	Last 3-4 paystubs
	Last year's tax form 1040
	W-2 form
	Employment letter

Self Employment	Current Profit & Loss Statement
	Last year's tax form 1040/Schedule C
	Copies of checks received for last 3 months

Work Trade	Letter from Employer doing work-trade for

Unemployed	Unemployment letter
	Letter of attestation from provider of living costs
	Unemployment check stub with check attached

Public Assistance	Letter from firm stating income receiving
	(DHS, Social Security, etc.)

Pension/Retirement	Benefit letter from source

Social Security	Social Security letter received in January of current year

Disability	Letter of benefits from source

Worker's Compensation	Work Comp check stub
	Work Comp benefit letter

Other	Any of the above unless indicated
Rental Income	Rental agreement
Military	Paystubs
Royalty Payments	Statements
Grants	Letter of benefits