CHARITY CARE
THE INFORMATION FOR EVALUATION OF FINANCIAL ASSISTANCE

GUARANTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ EVENING PHONE _____

Employer _____Length of Employment _____

Monthly Gross Income $_____ Monthly Net Income (After Taxes) $_____

Spouses Employer _____Length of Employment _____

Monthly Gross Income $_____ Monthly Net Income (After Taxes) $_____

DEPENDENTS
# of Dependents _____ Age of Dependents _____ # of Dependents Living w/you _____ # in College/under age 25 _____

RESIDENCE   ☐ OWN   ☐ RENT
Monthly Rent/Mortgage Payment $ _____ Unpaid Balance on Mortgage $ _____ Est. Value $ _____

Other Property _____ Unpaid Balance $ _____ Est. Value $ _____

MONTHLY EXPENSES
Utilities (water, gas, electric, garbage & sewer) $ _____ Phone $ _____

Insurance (Home Owners/Rental, Vehicle, ect.) $_____ Daycare $ _____

Other (please list) $ _____

CHECKING AND SAVINGS
Checking Balance $ _____ Savings/Certificates $ _____

LOANS
Institution _____Monthly Payment $_____ Unpaid Balance $ _____

Institution _____Monthly Payment $_____ Unpaid Balance $ _____

Institution _____Monthly Payment $_____ Unpaid Balance $ _____

MOTOR VEHICLES
Make _____ Model _____ Year _____ Monthly Payments $ _____ Unpaid Balance $ _____

Make _____ Model _____ Year _____ Monthly Payments $ _____ Unpaid Balance $ _____

I have provided all the information requested of me freely for us in determination of Charity Care and all this information is correct to the best of my knowledge.

_____   _____
Signature of Applicant   Date

OFFICIAL USE

Date Received _____

Date Presented _____

Please include a copy of the most current year income tax return, pay stub and/or W-2 if available. Feel free to attach an additional page to include information.