

## ***Financial Aid Application***

### **Patient and/or Guarantor information if patient is a minor:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### **Spouse and/or Legal Guardian Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Position: \_\_\_\_\_

### **Dependent (s) Information:**

Number of Dependents: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Use a separate sheet of paper if necessary:**

**Asset Information Please write yes or no:**

Automobile: \_\_\_\_\_ Rental Property: \_\_\_\_\_ Farms: \_\_\_\_\_ Cattle: \_\_\_\_\_

Do you own a business: \_\_\_\_\_ Name of business? \_\_\_\_\_

Checking Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Savings Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Disclaimer and Authorization:**

I authorize \_\_\_\_\_ Hospital to obtain a consumer credit report on my behalf to process my application if necessary. This information will only be used for the purpose it was intended. I also understand that \_\_\_\_\_ Hospital will not share or disclose the information with any third party vendor unless I give the \_\_\_\_\_ proper authorization. \_\_\_\_\_ Hospital will not give me a copy of my credit report; it will stay in the hospital financial record. I also authorize \_\_\_\_\_ Hospital to verify all the information given by me in order to process my application.

Applicant's Name \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_