

Financial Verification Form

Name: _____ Acc#: _____

Address: _____

Phone #: _____ Marital Status: MARRIED SINGLE DIVORCED WIDOWED

Number of dependents in the household (including yourself): _____

Employment _____

Social Security/Disability _____

Pension _____

Other _____

TOTAL: _____

ANNUAL (TOTAL X 12): _____

Insurance information:

Primary: _____

Secondary: _____

In order to be considered for financial hardship you **MUST** submit proof of income (Check stubs, 3 months of bank statement, and most recent tax return)

I DO HEREBY CERTIFY THAT ALL STATEMENTS MAD BY ME IN THIS APPLICATOIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MAD ANY FALSE STATEMENTS MY APPLICATON WILL BE DENIED.

Signature: _____ Date: _____