


FINANCIAL STATEMENT

		Column 2: Spouse (If information is identical to column 1, please write "Same" in Column 2.)
	Column 1: Applicant	
Name		
Marital Status		
Social Security Number		
Dependants	Name Age Relationship	Name Age Relationship
(other than self and spouse, as claimed on IRS tax returns)	1	1
	2	2
	3	3
	4	4
	5	5
Home Address		
City, State, Zip Code		
How long at this address?		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
Previous Address (If less than three months)		
How long?		
Employer Name (If self-employed, see section below)		
Employer Address		
City, State, Zip Code		
Position Held		
How long employed?		
Gross Income	\$ _____ per _____ Hour Week Mo. Yr	\$ _____ per _____ Hour Week Mo. Yr
Second Employer Name		
Employer Address		
City, State, Zip Code		
Position Held		
How long employed?		
Gross Income	\$ _____ per _____ Hour Week Mo. Yr	\$ _____ per _____ Hour Week Mo. Yr
Third Employer Name		
Employer Address		
City, State, Zip Code		
Position Held		
How long employed?		
Gross Income	\$ _____ per _____ Hour Week Mo. Yr	\$ _____ per _____ Hour Week Mo. Yr

Other Income:	\$				\$																											
Bonuses	\$				\$																											
Alimony, Child Support and Maintenance	\$ per mo.				\$ per mo.																											
Pensions	\$ per mo.				\$ per mo.																											
Dividends	\$				\$																											
Public Assistance	\$ per mo.				\$ per mo.																											
Social Security	\$ per mo.				\$ per mo.																											
Social Security Disability Bulk payment received within last three months	\$				\$																											
Unemployment	\$ per mo.				\$ per mo.																											
Worker's Compensation	\$ per mo.				\$ per mo.																											
Federal Grants	\$ per mo.				\$ per mo.																											
Veteran's Benefits	\$ per mo.				\$ per mo.																											
Interest	\$ per mo.				\$ per mo.																											
Rental Income	\$ per mo.				\$ per mo.																											
Other	\$				\$																											
Other Assets:	Institution				Amount				Institution				Amount																			
Savings Account(s)	1								1																							
	2								2																							
Checking Account(s)	1								1																							
	2								2																							
Pension Fund Value	\$								\$																							
Annuities Value	\$								\$																							
401K Value	\$								\$																							
Mutual Funds Value	\$								\$																							
Stocks/Bonds Value	\$								\$																							
IRA/Certificate of Deposit Value	\$								\$																							
Vehicles	Make				Model				Year				Value				Make				Model				Year				Value			
	1												1																			
	2												2																			
	3												3																			
Other (ATV's, boats, snowmobiles, etc.)																																
Life Insurance Cash Value																																
Value of Property (Excluding Homestead)																																
Other																																
Liabilities																																
Mortgage/Rent per month																																
Mortgages on property other than Primary Address																																
Other	1												1																			
	2												2																			

Total Liabilities						
Other Loans	Type	Mo Pmt	Amt Owed	Type	Mo Pmt	Amt Owed
	1			1		
	2			2		
Credit Cards	Type	Mo Pmt	Amt Owed	Type	Mo Pmt	Amt Owed
	1			1		
	2			2		
	3			3		
	4			4		
Self-Employed Applicants:			\$			\$
Accounts Receivable/ Collectable Notes						
Produce held for sale, resale, or farm use/ poultry/ produce/ livestock/inventory	Item		Value	Item		Value
	1			1		
	2			2		
	3			3		
Supplies and prepaid expenses						
Value of Farm/Business						
Machinery, Equipment, Tools, Etc.	Description		Value	Description		Value
	1			1		
	2			2		
	3			3		
Farm Acreage	Acres		Value	Acres		Value
Farm/Business related taxes payable						
Total Farm/Business loans including interest						
Other						
Net Worth:						

* Farmers - Please provide a balance sheet if available. *

Does your employer offer Private Health Insurance to you? _____.

If so, what is the dollar figure for the co-premium per month? \$ _____

I hereby request that Monroe Clinic personnel make a written determination of my eligibility for uncompensated services at Monroe Clinic. I understand that the information which I submit concerning my annual income and family size is subject to verification by Monroe Clinic. Proof of income will accompany this application or be provided within ten days after application date.

I also understand that if the information which I submit is determined to be false, such a determination will result in a denial of providing services as uncompensated services, and that I will be liable for charges for services provided.

Signature of Applicant/Responsible Party _____

Date of Application: _____

Signature of person accepting application: _____

Eligibility Determination (For Office Use Only)

Date application received:	
Type of verification:	

The Applicant is eligible for _____ % care under the Community Charity Care Program.

_____ The Applicant's request for Community Charity Care services have been denied for the following reasons:

Date of Determination of Eligibility:

Date Applicant Notified:	
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Signature of person making the determination: _____