

## Patient Aid Application

### Household Dependents

Include self and all parties living in the home

### Gross Income (All parties living in the home)

Income	Amount	Per M Y W
Salary		
Trust Funds		
Retirement		
Soc Security Benefits		
Alimony, Child Support		
Support from Relative		
Supplemental Security		
Disability		
Workmans Compensation		
Unemployment Comp		
Veterans Benefits		
Farm		
Rental Income		

### Assets

Asset	Value	Loan	Monthly Pmt
Savings			
Cash/Checking			
Home			
Second Home			
Other Real Estate			
Trust Funds			
Mutual Funds/IRA			
Marketable Securities (Stocks)			
Pension Funds (Liquid)			
Cash from Other Sources/H S A			
Cash Value of Life Insurance			
Art Work			
Boat/Recreational Vehicles			

Automobile Make/Model/Year	Value	Loan	Monthly Payment

**Debt**

<b>Debt</b>	<b>Total Amount</b>	<b>Monthly Pmt</b>
Credit Cards		
Back Taxes		
Back Child Support		
Rent		
Leased cars		
Loans Other		
Medical Debt owing		

**Housing**

- Owns
- Rents
- Other

Y / N