

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

| Debt | Total Amount | Monthly Pmt |
|--------------------|---------------------|--------------------|
| Credit Cards | | |
| Back Taxes | | |
| Back Child Support | | |
| Rent | | |
| Leased cars | | |
| Loans Other | | |
| Medical Debt owing | | |
| | | |

Housing

- Owns
- Rents
- Other

| |
|-------|
| Y / N |
| |
| |
| |