

Financial Assistance Application

Name:		Date:	
Address:		How Long?	_
City:	State:Zip Code:	OwnYesNo	
Phone:()	Soc.Sec #:	Age:DOB:	
Employer:	Address:		-
Occupation:		How Long:	
Spouse:	Soc.Sec.#	Age: DOB:	
Employer:	Address:		
Occupation:		How Long:	
ranny SizeApplica	dical Insurance? YesNoPolice Indemnity Plan YesNo Ings Account YesNo(if YeartSpouseOther		ement)
List any other alias/AKA	Name/s		
Name(s):	DOB:		
		ENTS (applicant and spouse)	
 Affordable Care Copy of Pay stumonths of pay stumonths of pay stumonths of Proof of Signed leases, U If no Income: L 	b showing year-to-date wages (last 2 for tubs eg. Last 4 for bi-weekly or last 8 f Income (Social Security Award letter memployment letter if you receive une cetter stating no income and signed stature Residency (Delaware Drivers Lice	for bi-weekly or last 3 for weekly, I for weekly) r, Disability Award Letter, Pension mployment benefits, etc.) tement from who is supplying food	f Income varies provide 2 full /Annuity, If Rental include and shelter
	estments/Assets (401K, 403B, IRA etc Current and Complete (all pages) copi		
If yes please provide	Taxes for the most current year? Yes_a copy of your complete Federal Taxe lease explain reason for not filing	No_s. (All schedules plus W-2/1099's)	
3. Did you file State Ta: If yes please provide explain reason for n	xes for the most current year? Yes a copy of your complete State Taxes. ot filing	NoNoIf you have not filed for the most	t current year please

If yes ple (Last 2 c	ease forward a copy of omplete statements for	unt? Yes No Your current and compler reach account you may he s, etc. List and explain al	ave) * To in	clude any other asse	
If yes ple Statemer	ease forward a copy of	nt? Yes No Your current and compleatements for each accoun	_		all deposits on
		Share? YesNation for sharing for each	No Beebe Healt	hcare Invoice	
DATE	AMOUNT	EXPLANATION	(source of de	posit)	
information others as ma Account ba	given. I/We understar ay be required. Ilances will remain in		subject to reuntil comple	view by federal and eted application an	/or state enforcement agencies and d all required documents
Applicant Sig	gnature Required			Date	
Spouse Signa	ature Required			Date	
Financial Cor Picture ID: Proof of Resi Proof of Inco No Income L Certification Investments_ Checking Ac	of Insurance Market Pla	State ID Other al Security Pension ce Ineligibility or Exemptio Savings Account Statement	n	Rental	Date:/
` 1	rty Level				
Notes:					