Financial Assistance Application

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number/s _____ **Date of Birth** _____

Circle One:

Social Security Number _____ **Marital Status** (circle one) **Single Divorced Married Widowed**

Name of Doctor _____

Doctor's Address _____

Doctor's Phone Number _____

No. of people in Household_____ **No. of children under 18**_____

Race/Ethnicity

Please provide the following information completely and accurately. Information is subject to verification.

Unemployed ☐ **Employed** ☐ **Employer Name** _____

Uninsured ☐ **Insured** ☐ **Insurance Name** _____

Patient/Responsible Party Information:

Monthly Income		***Monthly Expenses***	
Gross Income(before taxes)	$	Rent/Mortgage	$
Other Household Gross Income	$	Property & Health Insurance Expense	$
Investment Income	$	Utilities Expense	$
Rental Property Income	$	Food Expense	$
Unemployment Income	$	Auto Payments (Loan & Insurance)	$
Other Income	$	Medical & Prescription Expense	$
		Other Expenses	$
Total Income	$	**Total Expenses**	$
Assets		***Liabilities***	
Value of Residence	$	Equity Loan	$
Bank Account Balances (ALL)	$	Balance of Mortgage	$
Auto Value	$	Credit Card Debt	$
Boat Value	$	Auto Loan Balance	$
Recreational Vehicle Value	$	Other Loan Balances	$
Other Assets	$	Real Estate Taxes	$
		Estimated Medical Bills	$
		Other Liabilities	$
Total Value Assets	$	**Total of Liabilities**	$

I hereby apply for financial assistance from Friends In Pink. I certify the information provided above is an accurate and a true representation of my financial information. I also certify that I have no additional insurance coverage other than stated above. I understand that providing false information will result in denial of assistance from Friends In Pink. I understand that my credit report will be used to verify this information. My failure to follow through with the application process or take actions to reasonably complete "Patient Eligibility Requirements" may result in denial of this application.

Patient Signature **Date**