

ANNUAL HOUSEHOLD INCOME

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc	_____	_____	_____	_____
Income from business, self-employment, and dependents	_____	_____	_____	_____
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income	_____	_____	_____	_____
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources	_____	_____	_____	_____

TOTAL INCOME : _____

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** _____

Office Use Only

Patient Name: _____
Approved Discount: _____
Approved by: _____
Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other	_____	_____
Income: Prior year tax return, three most recent pay stubs, or other	_____	_____
Insurance: Insurance Cards	_____	_____