





# Dr. Padma Ram Medical Services LLC

300 State Route 104, Suite 1, Oswego, NY - 13126

<b>GROSS TOTAL FAMILY INCOME (BEFORE TAXES)</b>			

\*Please include the total income of every individual in the family who is a dependent of the primary household member(s)/ head(s) of the family.

\*Please include the total income (before tax) received from all sources given below:

- Gross wages, salaries, tips, etc.
- Income from business and self-employment.
- Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income.
- Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

\*Please attach copies of the last 3 month's pay stub, last year's tax returns, or any other documents verifying income for all the applicable categories mentioned above. Verification of these documents would be needed before a discount can be approve.

**I certify that the family size and income information shown above are true and accurate. I also understand that any inaccurate or false information in this self-declaration might lead to rejection of this application and the full balance of the account(s) getting restored and payable immediately. I might also be denied eligibility to apply for any financial assistance in the future.**

<b>Print Name</b>	
<b>Signature</b>	<b>Date</b>

-----OFFICE USE ONLY-----

Documents collected: <input type="checkbox"/> ID Proof <input type="checkbox"/> Address proof <input type="checkbox"/> Pay stubs <input type="checkbox"/> Tax return <input type="checkbox"/> Other income proofs  Comments: _____ _____	Approved Discount _____ Date _____ Approved By: _____  Comments: _____ _____ _____
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