



Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
<b>Additional income:</b>				
Unemployment Compensation				
Workers' Compensation				
Social Security				
Supplemental Security Income				
Public assistance				
Veterans' Payments				
Survivor Benefits				
Pension or Retirement Income				
<b>Additional Income:</b>				
Interest				
Dividends				
Rent				
Royalties				
Estates				
Trusts				
Educational Assistance				
Alimony				
Child Support				
Assistance outside the household				
Other Miscellaneous Sources				
<b>Total Income:</b>				

**Note: copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved**

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Verification	Yes	No
Identification/address: Driver's license, utility bill, unemployment ID or other		
Income: Prior Year's tax return, Three most recent pay stubs or other		
Insurance: Insurance Cards		