



Financial Assistance Application

Date Financial Counselor Received

Patient/Applicant

First Name _____ Middle ____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Spouse/Significant Other _____ # of Dependents in Home _____ Age of Dependents _____

Daytime Phone _____ Message Phone _____ Work Phone _____

Is Patient a minor? Yes ____ No ____ Parent/Guarantor _____

LIVING ARRANGEMENT: Rent ____ Own ____ Other (explain) _____

Gross Monthly Income

Self _____ Spouse/Significant Other _____ Unemployment _____ Food Stamps _____

Social Security / SSI/ SSD _____ Loans / Gifts _____ Worker's Comp _____ Inheritance / Trust _____

Veteran's Benefits _____ Child Support _____ Pension / Retirement _____ Other _____

TOTAL Gross Income \$ _____

Monthly Expenses

Rent/Mortgage _____ Gasoline / Fuel _____ Auto Insurance _____

2nd Mortgage _____ Prescriptions _____ Car Payment _____

Space Rent _____ Life Insurance _____ Home / Rent Ins. _____

Food _____ Child Care _____ Garnishments _____

Electricity/Heat _____ Doctor / Hospital _____ Fines _____

Water/Sewer/Trash _____ Child Support _____ Credit Card _____

Telephone _____ Health / Accident Ins. _____ Other Expenses _____

TOTAL Monthly Expenses \$ _____

ASSETS

All Business & Personal Bank Accounts:

Checking Account - Bank Name _____ Current Balance _____

Checking Account - Bank Name _____ Current Balance _____

Savings Account – Bank Name _____ Current Balance _____

Savings Account – Bank Name _____ Current Balance _____

Stocks, CD's, Trusts _____ Current Balance _____

401K, Retirement, IRAs _____ Current Balance _____

Life Insurance Cash Value _____ Other Assets _____ Value _____

Home/ Properties _____

Value Purchase Date Amount Owed

Land / Rental Properties _____

Value Purchase Date Amount Owed

Vehicle _____

Year Make Current Value Amount Owed Monthly Payment

Vehicle _____

Year Make Current Value Amount Owed Monthly Payment

Vehicle _____

Year Make Current Value Amount Owed Monthly Payment

Recreational (Boat, RV, ATV, MC) _____

Year Type Current Value Amount Owed Payment

Recreational (Boat, RV, ATV, MC) _____

Year Type Current Value Amount Owed Payment

I authorize Kootenai Health to verify the information that I have supplied on this statement to be true and to access credit information if needed.

Signature

Date