

Please list all sources and amounts of income for your household.

| Source | Self | Other | Total |
|--|-------------|--------------|--------------|
| 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 | | | |
| Total Income | | | |

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

| | |
|------------------|--|
| Name | |
| 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 identification, or other | | |
| Income: Prior year tax return, three most recent pay stubs, or other | | |
| Self-declaration of income | | |