

WASHINGTON PHYSICIANS HEALTH PROGRAM FINANCIAL ASSISTANCE APPLICATION

as of _____ 20_____

Participant ID _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
Amount _____	Decision Date _____	Initial _____
Type _____	Date Notified _____	By _____

1) Name	Social Security #	Date of Birth	Phone #
2) Spouse's Name	Social Security #	Date of Birth	Phone #
3) Current household residence address	City, State, Zip	Years at this address:	Mobile Phone #
4) Previous Address (if less than 2 years at above)	City, State, Zip	Zip Code	Marital Status

6) Dependents information: Number: _____ Ages: _____, _____, _____, _____, _____, _____, _____

7) Current Employment Income (Circle One) Employed Self-employed Unemployed Student Disabled Retired	8) Spouse's Employment Income (Circle One) Employed Self-employed Unemployed Student Disabled Retired	9) Other Employment Income: <input type="checkbox"/> Self <input type="checkbox"/> Spouse (Circle One) Employed Self-employed Disabled Retired
Name of Employer	Name of Employer	Name of Employer
Job Title/Length of Employment	Job Title/Length of Employment	Job Title/Length of Employment
Employer Address / Telephone #	Employer Address / Telephone #	Employer Address / Telephone #
Gross Monthly Income	Gross Monthly Income	Gross Monthly Income
List Payroll Deductions	List Payroll Deductions	List Payroll Deductions
Net Monthly Income	Net Monthly Income	Net Monthly Income

Does spouse anticipate any substantial change in their income in near future? NO YES (explain on separate page)
 Are there any unsatisfied judgements against you? NO YES Amount \$_____ To whom owed? _____
 Have you declared bankruptcy in the last 10 years? NO YES Year: _____ Which court? _____

Currently in or scheduled for treatment? NO YES If Yes, submit treatment center's Final Patient's Financial Responsibility form.

I AUTHORIZE YOU TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE CONCERNING THE STATEMENTS MADE IN THIS APPLICATION AND AGREE THAT THE APPLICATION SHALL REMAIN PROPERTY WHETHER IT IS APPROVED OR NOT. I HEREBY CERTIFY THAT ALL STATEMENTS IN THE APPLICATION INCLUDING THE INFORMATION FURNISHED BY ME, ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT OR FINANCIAL ASSISTANCE. I FURTHER AGREE TO SUBMIT SUCH ADDITIONAL INFORMATION CONCERNING MY FINANCIAL STATUS AS YOU MAY REQUEST. IF CREDIT IS GRANTED AND REPAYMENT TERMS ARE NOT MET, I FURTHER CONSENT TO INFORMATION CONCERNING THIS APPLICATION OR THIS ACCOUNT BEING GIVEN TO CREDIT REPORTING AGENCIES OR OTHER CREDITORS.

PLEASE COMPLETE ALL THREE PAGES OF THIS FORM BEFORE SIGNING BELOW

DATE	SIGNATURE	DATE	SIGNATURE -SPOUSE
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Monthly Income & Expense for Household

Important note: All income must be documented. Include all income and expenses for all household members.

Monthly Income		Monthly Expenses/Payments	
Monthly net wages - self	\$	First mortgage payment	\$
2 nd Job monthly net wages or Self-employment income	\$	Second mortgage payment/ other liens	\$
Monthly net wages – spouse/other	\$	Homeowners insurance & Property taxes ¹	\$
2 nd Job monthly net wages or Self-employment income – spouse/ other	\$	Household Rent expense	\$
Unemployment income	\$	Credit card(s)	\$
Alimony/separation maintenance / child support receipts	\$	Alimony/separation maintenance/child support payments	\$
Gross Rental income property receipts	\$	Rental income property expenses/ property maintenance	\$
Non-taxable Social Security/Social Security Disability Insurance	\$	Homeowners association/ condominium fees	\$
Taxable Social Security benefits	\$	Child care expenses	\$
Other monthly income from pensions, annuities or retirement plans	\$	Installment loans (Car payments, including car lease payments)	\$
Boarder/House share income	\$	Car insurance/gas/ maintenance	\$
Other (investment income, royalties, interest, dividends, etc.)	\$	Health insurance/medical expenses (– not withheld from a paycheck)	\$
Other (description)	\$	Life insurance premiums (not withheld from pay)	\$
Other (description)	\$	Groceries	\$
		Water/sewer/utilities	\$
		Internet/cable/satellite/cell phone/home phone	\$
		Personal loans	\$
		Charity/Contributions	\$
		Student Loans	\$
		Other Expenses (can summarize on separate page)	\$
Total Net Income	\$	Total Expenses/Payments	\$
Monthly Surplus/(Deficit)			

Note: Only include your homeowner's insurance/property tax if you pay this amount yourself and is not included in Mortgage payment.

Personal Financial Statement

ASSETS	Total	LIABILITIES	Total	Monthly Payment (minimum)
Checking account(s)	\$	Bank loans/Lines of credit Credit Line available \$_____	\$	\$
	\$	Bank loans/Lines of credit Credit Line available \$_____	\$	\$
Automobile (current value) Year/Make_____/_____	\$	Automobile Loan	\$	\$
Automobile (current value) Year/Make_____/_____	\$	Automobile Loan	\$	\$
Savings/money market account(s)	\$	Bank Card (even if no bal.) Credit Line available \$_____	\$	\$
Certificate(s) of deposit (CDs)	\$	Bank Card Credit Line available \$_____	\$	\$
	\$	Bank Card Credit Line available \$_____	\$	\$
Other cash on hand	\$	Other unpaid debts (hospital, time shares,	\$	\$
Stocks/bond(s)	\$	Other unpaid debts (hospital, time shares, etc.)	\$	\$
	\$	Other unpaid debts (can summarize on separate	\$	\$
Other real estate (estimated value)	\$	Other real estate mortgage	\$	\$
Other real estate	\$	Other real estate mortgage	\$	\$
Other real estate	\$	Other real estate mortgage	\$	\$
Other	\$	Student loans	\$	\$
Retirement accounts: (IRA, 401k, 403b, Keogh, SEP, investment annuities)	\$	Other loans	\$	\$
Total Assets	\$	Total Liabilities/ Monthly payments	\$	\$