

# Financial Disclosure Application for Community Care

**1515 Park Avenue - Columbus, WI 53925 - Phone 920-623-2200 · Fax 920-623-1508**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ ( ) \_\_\_\_\_ Occupation \_\_\_\_\_  
(Complete business name and telephone number)

Insurance \_\_\_\_\_ Identification # \_\_\_\_\_ Effective Date \_\_\_\_\_

Spouse \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer \_\_\_\_\_ ( ) \_\_\_\_\_ Occupation \_\_\_\_\_  
(Complete business name and telephone number)

Insurance \_\_\_\_\_ Identification # \_\_\_\_\_ Effective Date \_\_\_\_\_

**Dependents (name and relationship)**

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

**FAMILY INCOME:** Represents total cash receipts for all sources before taxes including, but not limited to, wages, public assistance payments, social security, unemployment or worker's compensation benefits, union strike pay, VA benefits, child support, alimony, pension income, insurance or annuity payments, interest, rental income, royalties, estate or trust incomes, tax refunds, compensation for injury claims. Income is to be stated on a gross earnings/receipts basis. **Family income includes all income for immediate family members residing in the same household.**

SOURCE OF INCOME – Patient	Monthly Amount	Spouse/Other Family	Monthly Amount

Payroll Deductions: \$ \_\_\_\_\_  
(i.e., Union dues, insurance premiums, garnishments, pre-tax, etc.)

**ASSETS – PROPERTY:**

Homestead: Location: \_\_\_\_\_ Assessed taxable value: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ 2<sup>nd</sup> Mortgage Balance: \$ \_\_\_\_\_

Other Property: Location: \_\_\_\_\_ Assessed taxable value: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ 2<sup>nd</sup> Mortgage Balance: \$ \_\_\_\_\_

ASSETS – SAVINGS (PATIENT AND SPOUSE COMBINED)					
Type	Financial Institution	Address	Phone #	Account #	Balance
Checking					
Savings					
CD's/IRA's					

Account Number: \_\_\_\_\_

ASSETS – AUTO OR TRUCKS		
Make, Model and Year:	Mileage:	Loan Balance: \$
Make, Model and Year:	Mileage:	Loan Balance: \$

OTHER ASSETS – RECREATIONAL VEHICLES					
Type	Estimated Value	Loan Balance	Type	Estimated Value	Loan Balance
Snowmobile			3-Wheeler/Quad		
Boat/Motor			Motor home		
Motorcycle			Other RV		

REGULAR MONTHLY EXPENSES STATED ON A <u>MINIMUM</u> MONTHLY PAYMENT BASIS				
	Payment		Balance	Payment
Rent		Other Loan		
Mortgage Payment		Medical Debt (specify)		
2 <sup>nd</sup> Mortgage Payment		Medical Debt (specify)		
Alimony/Child Support		Medical Debt (specify)		
Insurance Premiums		Credit Card (specify)		
Continuous Medication		Credit Card (specify)		
Food		Other (specify)		
Utilities		Other (specify)		
Transportation-Gas		Other (specify)		

I hereby submit the above statement for the purpose of allowing Columbus Community Hospital to evaluate my financial status and determine my eligibility for various financial assistance programs, and do hereby authorize Columbus Community Hospital to verify this information as necessary, which may include obtaining employment or income verification, and appropriate supporting documentation.

I attest that the above information and all income documentation provided are complete and accurate as shown. I realize that should, at any time, any of this information prove to be false, all Community Care grants will be reversed, and I will accept responsibility for full and immediate payment of any and all outstanding balances.

By applying for Community Care, I also agree to accept payment responsibility for any amount due from me as a result of any grant which may be awarded.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Spouse/Family Member \_\_\_\_\_

Date \_\_\_\_\_

*Please save before submitting*

**Note:** Proof of current income must be provided at the time of application, plus copies of your most recently filed Federal Income Tax Return. All outstanding debt with a balance of \$2,000 or more must be verified in writing. (Examples would include a statement from debt holder or copy of most recent billing.)

**HAVE YOU INCLUDED:**  Signed Application  Federal 1040 Tax Return  Proof of Income  
*Proof of Income can include: At least 2 Pay Stubs, Social Security Statement, Bank Statement, etc.*