

**HAVE A HEART CLINIC  
FINANCIAL HARDSHIP APPLICATION**

\_\_\_\_\_  
Patient's Name \_\_\_\_\_  
Patient's Date of Birth

**Patient's Contact Information:**

\_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State Zip Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_

**Patient's Family Information:**

Marital Status (Check One):  Married  Single  Widowed  Divorced  Separated

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_

Spouse's Work Phone: \_\_\_\_\_

Please list the name, age and relationship of all persons residing in your household. If a household member is over 18, please note if the individual is a student.

<u>NAME</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Patient's Health Information:**

Insurance at time of service (Please Check one)  No Insurance  Medicare  Medicaid  
 Other: \_\_\_\_\_

Have you applied for federal or state medical assistance?  Yes  No

If Yes, when did you apply: \_\_\_\_\_

If No, why? \_\_\_\_\_

**Financial Hardship Application (cont.)**

**Patient's Work Information:**

Place of Employment: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Work Email Address: \_\_\_\_\_  
Years of Employment: \_\_\_\_\_

**Patient's Income Information:**

Please list all household income (wages, retirement pensions, disability income, interest income, unemployment benefits, workers compensation benefits, AFDC payments, social security, child support, etc.) for the past 12 months.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**

- PRIOR YEAR'S FEDERAL TAX RETURN,
- PAY STUBS FROM THE PAST 3 MONTHS,
- BANK STATEMENTS FROM THE PAST 3 MONTHS, AND
- W-2 OR UNEMPLOYMENT STATEMENTS.

**Financial Hardship Application (cont.)**

I understand that by signing this form, I certify that all information listed and provided is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services provided by *Have a Heart* and I give permission to *Have a Heart* to share the information as necessary to consider my financial assistance request. I hereby grant permission to *Have a Heart* to investigate the information contained herein, and to obtain credit reports. I understand that *Have a Heart* may deny my application for Financial Hardship Assistance if I do not meet the Financial Hardship Assistance criteria or if the information provided by me is inaccurate, incomplete, or fraudulent.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

**Financial Hardship Application (cont.)**

**STATEMENT OF "NO FILE STATUS" FOR  
FEDERAL INCOME TAXES**

I, \_\_\_\_\_ (print name), hereby certify that I have not filed federal income tax forms with the United States Internal Revenue Service in the past \_\_\_\_\_ years due to low income status.

I also certify I was not claimed as a dependent on another person's Federal Income Tax return for the prior year.

I understand that by signing this form, I certify that all information listed and provided is true and correct to the best of my knowledge. I hereby grant permission to *Have a Heart* to investigate the information contained herein.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

**Financial Hardship Application (cont.)**

***Have A Heart Self Declaration of Income***

I declare that I have been working and receiving payment in cash in the amount of \$\_\_\_\_\_ per (circle one):  
day,            week,            two weeks            month.

I have no check stubs or other documentation to prove my earnings.

I declare that I have no employment and do not have income of any kind.

By signing below, I certify that everything I have stated on this Declaration is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_