

**LIST ALL CARS, TRUCKS, BOATS, MOBILE HOMES, CAMPERS, MOTORCYCLES OR OTHER VEHICLES**

Make	Model	Year	Monthly Payments	Amount Owed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

List ALL Household Members Savings(including cash on hand, savings accounts, checking accounts, stocks, bonds, credit union, etc)

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

Does anyone in your household own any real estate, i.e. house, land, buildings(including the house you are living in) YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you need to supply information about the value of the property, any amount owed, how the property is used:

VALUE: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

HOW USED \_\_\_\_\_

Do you have health insurance?: YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have disability income insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to either question list below:

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

Have you ever applied for Medicaid? YES \_\_\_\_\_ NO \_\_\_\_\_

If **Yes** please attach denial, if **No** you must be denied before you can be considered for Charity.

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
Date Signature of Person Making Request

\*\*\*\*\*FOR ADMISSIONS ONLY\*\*\*\*\*

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Signature Date