



Financial Assistance Application

Name: _____ Date: _____

Address: _____ How Long? _____

City: _____ State: _____ Zip Code: _____ Own ___ Yes ___ No

Phone:(____) _____ - _____ Soc.Sec #: _____ Age: ___ DOB: _____

Employer: _____ Address: _____

Occupation: _____ How Long: _____

Spouse: _____ Soc.Sec.# _____ Age: ___ DOB: _____

Employer: _____ Address: _____

Occupation: _____ How Long: _____

Do you currently have Medical Insurance? Yes ___ No ___

Insurance Carrier Name _____ Policy # _____

Do you have an AFLAC/Indemnity Plan Yes ___ No ___

Do you have a Health Savings Account Yes ___ No ___ (if Yes please supply current/complete statement)

Family Size ___ Applicant ___ Spouse ___ Other ___

List any other alias/AKA Name/s _____

Child(ren) Name(s): _____	DOB: _____
Name(s): _____	DOB: _____
Name(s): _____	DOB: _____

REQUIRED DOCUMENTS (applicant and spouse)

- If Uninsured-Certification or Self Attestation of ineligibility or exemption from Insurance Market Place Mandate per Affordable Care Act
- Copy of Pay stub showing year-to-date wages (last 2 for bi-weekly or last 3 for weekly, If Income varies provide 2 full months of pay stubs eg. Last 4 for bi-weekly or last 8 for weekly)
- Copy of Proof of Income (Social Security Award letter, Disability Award Letter, Pension/Annuity, If Rental include signed leases, Unemployment letter if you receive unemployment benefits, etc.)
- If no Income: Letter stating no income and signed statement from who is supplying food and shelter
- Proof of Delaware Residency (Delaware Drivers License and Current Utility Bill showing Applicant's Names and Physical Address)

1. Do you have any Investments/Assets (401K, 403B, IRA etc.)? Yes ___ No ___
If yes please provide Current and Complete (all pages) copies of your Investment Statements.

2. Did you file Federal Taxes for the most current year? Yes ___ No ___
If yes please provide a copy of your complete Federal Taxes. (All schedules plus W-2/1099's). **If you have not filed for the most current year please explain reason for not filing** _____.

3. Did you file State Taxes for the most current year? Yes ___ No ___
If yes please provide a copy of your complete State Taxes. **If you have not filed for the most current year please explain reason for not filing** _____.

