MIDDLESEX HOSPITAL

Instructions for Completing the Middlesex Hospital Financial Assistance Application

→ For your convenience, check each box as the item is obtained and/or completed
→ Please return this form with your application

Name: _____ **Date:** _____

ALL APPLICANTS:

- ❑ **ALL** application questions are answered completely. If the question **does not apply** to you, write **NA (not applicable)** or **NONE** on each line
- ❑ Sign and date the **Application** and **Authorization Notice**

You must provide the following documents with the application:

- ❑ **Photo ID** (driver's license, Passport, Immigration ID Card)
- ❑ Non-residents or Undocumented Visitors must provide **proof of entry into the United States**
- ❑ Proof of **GROSS WAGES → Attach your last 13 weeks of wages beginning with the date you signed the application** (i.e. pay stubs, last pay stub with year-to-date gross wages, signed statement from employer with gross wages)
- ❑ **Other Monthly Income → Attach 13 weeks** beginning with the date you signed the application (i.e. rental, pensions/annuities, child support)
- ❑ "Complete" copy of most **recent Income Tax Return**
- ❑ **Please check box if you and/or your spouse have not filed an income tax return in the last 3 years**
- ❑ **Direct deposit of Income → Attach** most current **3 months** of your bank statements showing direct deposit (i.e. social security)
- ❑ **3 most current months of all bank statements**, all pages must be included
  Note: all deposits listed on bank statements are considered income unless supporting documentation can be supplied indicating deposits are a loan (example of supporting documentation: a loan agreement)

IF SELF EMPLOYED:

- ❑ If you are **Self Employed →** Submit 13 weeks of your gross business income & business expenses **from your business ledger**, quarterly statement provided to accountant, or on business stationery signed & dated

  Name and Address of your Business: _____
  _____
  _____

STATE ASSISTANCE APPLICANTS:

- ❑ If you have applied for state assistance or have been required to apply for state assistance by Middlesex Hospital you must provide us with the **eligibility or denial letter received from the State of Connecticut, Department of Social Services**

If you need assistance completing the application or have questions, please call: ***(860) 358-2402, Press 1***