Morris Hospital
Financial Disclosure
Application for Charitable Care

DOS or Account Number(s): ______________________
____

Patient Name:____________________________ Soc. Sec. #:_______________________Marital Status:_

Patient Address:____ Home Phone:_________________

Alternate Phone:__________________

Your Name:______________________________ Soc Sec. #:_______________________Marital Status:___________

Mailing Address:____ Birth Date:____________________

Number of Dependents living with you: _____________

	Soc. Sec. #	Birth Date
Spouse's Name:____________________________	____________________	________________
Dependent Children: ____________________________	____________________	________________
____________________________	____________________	________________
____________________________	____________________	________________
Other:____________________________	____________________	________________

Are any members of your family unable to work due to age, illness or injury: (Explain)_________________________
____

Employment Information:

Do you own a business? (Describe)
____

Your Current Employer – Name/Address:
____
____
____

Phone:___________________________

Length of Employment:_____________

Spouse's Employer – Name/Address:
____
____
____

Phone:___________________________

Length of Employment:_____________

Paycheck (before deductions): $___________________per__________

Payday is :____

Total Monthly Income: $____

Gross Income for Past 12 Months: $______________________________

Paycheck (before deductions): $___________________per__________

Payday is :____

Total Monthly Income: $____

Gross Income for Past 12 Months: $______________________________

Other Income: Alimony/Support ☐ Monthly Amount $______________

Social Security ☐ Monthly Amount $______________

Pension ☐ Monthly Amount $______________

Disability ☐ Monthly Amount $______________

Rental Property ☐ Monthly Amount $______________

Other __________ ☐ Monthly Amount $______________

Credit Information:

Credit Union Name/Address:___________________________________ Account Number_____________________

Bank Name/Address:____

Acct. # Checking___________________ Acct. # Savings____________________ Acct. # Money Mkt._____________

Own Home ☐ Rent ☐ Monthly Payment $___________________________________

Payment to: Name/Address____

Credit Card Information:

Visa #:_________________________________ Amount Owed _____________ Monthly Payment$______________

Limit $____________________ Exp. Date ____________________

MasterCard #:____________________________ Amount Owed _____________ Monthly Payment$______________

Limit $____________________ Exp. Date ____________________

Other #:________________________________ Amount Owed _____________ Monthly Payment$______________

Limit $____________________ Exp. Date ____________________

Other Financial Obligations:

Vehicle #1 Make/Year_____________________ Monthly Payment $__________ Balance Owed $_____________

Vehicle #1 Make/Year_____________________ Monthly Payment $__________ Balance Owed $_____________

List Other Financial Obligations:

Other Loans:____________________________ Monthly Payment $__________ Balance Owed $_____________

Outstanding Medical Bills:_________________ Monthly Payment $__________ Balance Owed $_____________

Utilities:________________________________ Balance Owed $_____________

Other:__________________________________ Balance Owed $_____________

Have you ever filed bankruptcy? Yes ☐ No ☐ What year?___________________________

Are there any other medical or financial problems within the family unit? (Explain)___________________________

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Please supply copies of the following:

- Last filed income tax return;
- Proof of income year-to-date (copy of last check stubs from all employment);
- Proof of savings and checking account balances; and
- Copy of most current real estate taxes.

Statement of Accuracy

I affirm the foregoing information, to the best of my knowledge, is a true financial summary. I give Morris Hospital & Healthcare Centers permission to verify all information supplied by me on this Financial Disclosure, and if necessary make inquiry to any credit bureau with reference to my credit record.

____ _______________________________

Signature Date