

7 INCOME: Please list total GROSS income for family. Please supply proof of income, and copy of most recent income tax return.

	Gross Income for Last 3 Months	Gross Income for Last 3 Months
Wages.....	\$ _____	\$ _____
Farm or Self-employment.....	\$ _____	\$ _____
Public Assistance.....	\$ _____	\$ _____
Social Security.....	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
Workmen's Compensation.....	\$ _____	\$ _____
Alimony.....	\$ _____	\$ _____
Child Support.....	\$ _____	\$ _____
Military Family Allotments.....	\$ _____	\$ _____
Pensions.....	\$ _____	\$ _____
Income from Dividends, Intrest, Rent.....	\$ _____	\$ _____
Other.....	\$ _____	\$ _____
.....	X4	X4
Total Annual Income.....	\$ _____	\$ _____

8 ASSETS:

	Description	Net Value
Real estate other than home:	_____	_____
Vehicles (List year, make and model)	_____	_____
	_____	_____
Recreational Vehicles	_____	_____
(Ex. Boat, camper, snowmobile, motorcycle, ect.)	_____	_____
Stocks, bonds, life insurance, prepaid burial, ect.	_____	_____
Other: _____	_____	_____

9 CREDIT ACCOUNTS:

Checking - Bank _____	Account# _____	Balance _____
Savings-Bank _____	Account# _____	Balance _____
COD's Bank _____	Account# _____	Balance _____
Name _____	Balance _____	Monthly \$ _____
Name _____	Balance _____	Monthly \$ _____
Visa _____	Balance _____	Monthly \$ _____
MasterCard _____	Balance _____	Monthly \$ _____

I understand that all information that I submit is subject to verification and hereby authorize the release of the above-required information to Bridges Medical Center. I certify that the above information is correct and understand that determination of false information will result in denial of financial arrangements, and I will be liable to pay in full the total of all charges owed.

Signature: _____ Date: _____