



Annual Household Income Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.	_____			
Income from business, self-employment, and dependents	_____			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income	_____			
Interest, dividends, rents, royalties, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources	_____			
<b>Total Income</b>	_____			

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

**I certify that the family size and income information shown above is correct.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----*Office Use Only*-----

Patient Name:

Approved Discount:

Approved by:

Date Approved:

<b>Verification Checklist</b>	<b>YES</b>	<b>NO</b>
Identification/Address: Driver's license, utility bill, employment ID		
Income: prior year tax return, three most recent pay stubs		
Insurance: Insurance cards		