

ASANTE  
PO Box4749  
Medford, OR 97501

**Documentation needed for consideration for Asante's Financial Assistance program:**

- Completed financial application**
- Signature of responsible person**
- Signature of spouse/partner**
- Last 3 months of Bank Statements (please, include all banks where you have an account)**
  - Checking**    **Saving**
- Copy of most recent tax return**
- If self employed; your entire tax package is required**
- Last 3 pay stubs**
- Last 3 pay stubs for spouse/partner**
- Copy of social security's benefit letter**
- If no income, provide a signed letter from the person providing support along with contact information**
- Provide copy of last report earnings from the unemployment office**
- Full time college students send copy of your award letter**
- Health Saving Account Statement**

**If unable to provide any of the above information, please provide an explanation or write N/A if not applicable to you.**



## Financial Assistance Application

1. PATIENT INFORMATION			PLEASE PRINT INFORMATION
Last Name	First Name	Middle Initial	Account Number

**\*If the patient is a minor, please list parent(s)/guardian(s) as applicant and co-applicant.**

2. APPLICANT (GUARANTOR) INFORMATION				RELATIONSHIP TO PATIENT	
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other	
				<u>MARITAL STATUS</u> <input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partner <input type="checkbox"/> Separated	
Last Name	First Name	Middle Initial	U.S. Citizen		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth	Social Security Number	Phone Number		Cell(   )	
		Home(   )			
Street Address	City	State	County	Zip	
Current Employer	Position		How long(?)		

**\* If you are not currently employed, how long have you been unemployed?**

3. SPOUSE INFORMATION				RELATIONSHIP TO PATIENT	
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other	
				<u>MARITAL STATUS</u> <input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partner <input type="checkbox"/> Separated	
Last Name	First Name	Middle Initial	U.S. Citizen		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth	Social Security Number	Phone Number		Cell(   )	
		Home(   )			
Street Address	City	State	County	Zip	
Current Employer	Position		How long(?)		

**\* If you are not currently employed, how long have you been unemployed?**

4. DEPENDENTS LIVING WITH YOU			
Name	Age	Name	Age



**5. ASSETS**

	Amount Owing	Purchase Price	Value
Property/House			
Automobiles			
Recreational Vehicles			
Other			

**6. BANK ACCOUNT INFORMATION**

	Balance	Name of Bank
Checking		
Saving		

**7. INCOME INFORMATION**

<u>Monthly Income Sources</u>	Applicant	Spouse	Combined Monthly Income
Employment Income	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
Unemployment	\$	\$	\$
Spousal/Child Support	\$	\$	\$
Rental Property	\$	\$	\$
Investment Income	\$	\$	\$
Pensions/Annuities	\$	\$	\$
Student Loans or Grant Money	\$	\$	\$
Food Stamps	\$	\$	\$
Other[s]	\$	\$	\$
	\$	\$	\$

**Total Combined Monthly Income**

UNEMPLOYMENT: IF YOU DO NOT HAVE MONTHLY INCOME, PLEASE EXPLAIN HOW YOU ARE SUPPORTING YOURSELF AND PROVIDE A SIGNED LETTER FROM SUPPORTING PERSON.



<b>8. ESTIMATED MONTHLY LIVING EXPENSES</b>			
Monthly Expense	Monthly Payment	Monthly Expense	Monthly Payment
Mortgage/Rent Payment	\$	Current Outstanding bill for Medical, Dental, or Prescriptions	\$
Property Taxes ( if not include in mortgage payment	\$	Total Monthly Automobile Payment(s)	\$
Home Owners Insurance	\$	Automobile Insurance	\$
Utilities ( Electricity, Gas, Water, Garbage, Recycling)	\$	Automobile Gas	\$
Food	\$	Liens/Wage Garnishments	\$
Telephone (Home and Cell)	\$	List all other monthly payments	\$
Child/Spousal Support	\$		\$
Child Care	\$		\$
Credit Cards	\$		\$
Health Insurance Premiums	\$		\$

**9. ADDITIONAL INFORMATION OR COMMENTS**

**10. Signature**

I certify that all information is valid and complete and hereby authorize Asante to request a credit check report and/or verify any of the above information as deemed necessary.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse/Partner Signature \_\_\_\_\_

Date \_\_\_\_\_

