



SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

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: _____

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, two most recent pay stubs or other		