

Application for Financial Assistance



APPLICANT INFORMATION			
LAST NAME	FIRST	MIDDLE	
STREET ADDRESS			APT/UNIT#
CITY	STATE	ZIP CODE	SEX M F
HOME PHONE	CELL PHONE	WORK PHONE	

HOUSEHOLD INFORMATION		
NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
		SELF

HOUSEHOLD INCOME INFORMATION			
<p>PLEASE LIST EVERYONE IN THE HOUSEHOLD RECEIVING INCOME. (HOUSEHOLD INCOME INCLUDES ALL INCOME GENERATED BY THE HOUSEHOLD, REGARDLESS OF MARITAL STATUS. INCOME INCLUDES, BUT IS NOT LIMITED TO: SALARIES, PENSIONS, SOCIAL SECURITY PAYMENTS, DISABILITY PAYMENTS, ALIMONY, CHILD SUPPORT, UNEMPLOYMENT, SELF-EMPLOYMENT INCOME, TIPS, VA BENEFITS, ETC. DISCOUNT IS CALCULATED ON TOTAL INCOME BEFORE TAXES.)</p>			
NAME OF PERSON WORKING OR RECEIVING INCOME	TYPE OF INCOME (EMPLOYMENT, SSI, BENEFITS, ETC.)	EMPLOYER NAME	MONTHLY AMOUNT RECEIVED BEFORE TAXES/DEDUCTIONS

HEALTH INSURANCE INFORMATION	
<p>PLEASE LIST ANYONE IN THE HOUSEHOLD WHO CURRENTLY HAS INSURANCE.</p>	
NAME	TYPE OF INSURANCE
NAME	TYPE OF INSURANCE
NAME	TYPE OF INSURANCE

APPLICANT STATEMENT
<p>I understand that any insurance payments received by me or on my behalf must be applied to my account before I receive any discounts. I certify the above information is correct and assume the responsibility of contacting PSHC should any changes to my financial or insurance status occur.</p>

SIGNATURE	DATE
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