



## APPLICATION FOR FINANCIAL AID

Complete the Information Below:

Responsible Party Name:	Social Security #:
Mailing Address:	Birth Date:
City, State, Zip:	Account Number:
Marital Status:      Single      Married      Divorced      Separated      Widowed	

(All questions must be answered. Unanswered questions will be returned.)

Fill Out All Income Information for Each Person Living in Your Home:

Note: Children's income should include child support.

Name	Age	Income	Name of Income Source:

Additional people living in my household are listed on the back of this form.

If unemployed, provide the date employment ended: \_\_\_/\_\_\_/\_\_\_ If you are not receiving Unemployment/ State Assistance/ Disability income explain why & attach their rejection letter:

Checking Acct No:	Bank Name/ Phone #:	Balance:
Savings Acct No:	Bank Name/ Phone #:	Balance:
Stocks, Bonds, IRA's, 401K, CD's: Yes/ No	Bank Name/ Phone #:	Balance:

Statement of Necessity (Tell us why you're applying for financial aid): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION: The information provided above is, to the best of my knowledge and belief, complete, accurate and true. I authorize the release of all information which Sublette County Hospital District may need to determine whether I qualify for financial aid through the District's charity care program, including verification of my salary or wages, the balance of any bank accounts that I maintain, the cash-in value of any life insurance policy, stocks or bonds which I possess, as well as the value of any real or personal property which I own or am purchasing.

If applicable, **both signatures are required:**

APPLICANT'S SIGNATURE:	DATE:
SPOUSE'S SIGNATURE:	DATE:

## Application for Financial Aid Instructions:

Step 1: Complete the Responsible Party Information.

Step 2: Fill out the income and asset information. (This should include all persons living in your house. Federal guidelines allow you to take responsibility for each person living in your house. However, each person's income must be accounted to qualify. All income listed should include income from an employer, social service aid, government aid, rental income, alimony, child support and all other forms of income.

Attach copies of all of the following information (All information is retained by SCHD confidentially and will not be returned):

- Income Tax Return(s)
  - For each applicable person listed on this application
  - You must supply the return for each year that you would like us to consider for aid. (For example: If 2020 returns are attached, we will consider aid for 2020 dates of service only.)
  - If you are applying for THIS YEAR's incurred debt, include last year's tax return.
  - **NOTE:** An extended \$0.00 income requires a letter of explanation from whomever you live with that helps support you and your family.
- Current Bank Statements
  - Checking
  - Savings
- Current pay check stubs – last 2
  - Employment pay checks
  - Unemployment form showing weekly benefits that have been granted. Unemployment stubs will not be accepted.
  - Workers Compensation form showing weekly benefits
  - Social Security Annual Benefits form
  - Other resources as deemed acceptable by Sublette County Hospital District

Step 3: Return all completed and required information to SCHD, Attention: Kelli Lovell, PO Box 627, Pinedale, WY 82941. *If required information is missing, your request will be denied.* Please allow 4 – 6 weeks for processing.