



FINANCIAL STATEMENT FOR CONSIDERATION OF FINANCIAL ASSISTANCE

Attached is the Confidential Financial Statement to help determine eligibility. Please fill out to the best of your ability and return by _____.

If you have any questions please feel free to contact your personal Financial Counselor at:

If the first letter of your last name begins with:

A - Z Heather 907-714-4857 hwallace@cpgh.org

Please attach the following documents:

- A brief written explanation of your circumstances
- Detailed bank statements for the last three months for all accounts
- Proof of Income – Examples:
 - Most recent check stub (showing year to date earnings) for all household members
 - Benefit statement - (SSA, SSDI, Retirement, Public Assistance, Food Stamps, etc.)
- **If Self Employed** – Most recent tax return and current year to date profit and loss statements. Bank Statements should include personal and any business bank accounts.

DEFINITIONS:

HOUSEHOLD A household consists of all persons who occupy a housing unit (house or apartment) that are financially connected. If married, income must be provided for both individuals. If not married, individuals can apply for themselves alone and only provide proof of income for themselves and their dependents, and household size will not include adults whom income was not included.

INCOME Income includes total annual cash receipts before taxes from money wages and salaries before any deductions, net receipts from self-employment, regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran payments, public assistance (AFDC, TANF, etc), training stipends, alimony, child support, scholarships, grants, fellowships, dividends, interest, rental income, royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

ASSETS Includes homes/buildings, land, vehicles, as well as all bank accounts, retirement savings accounts, stocks, bonds, mutual funds, and any other valuable assets.

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CONFIDENTIAL FINANCIAL STATEMENT

Account #

HOUSEHOLD MEMBERS		
Applicant Name (Adult #1)		Adult Household Member (Adult #2)
Adult #1 Social Security #		Adult #2 Social Security #
Adult #1 Employer		Adult #2 Employer
[Number] and Ages of Dependents []		
CONTACT INFORMATION		
Address (Street/City/State/Zip)		Telephone (Home)
ASSETS		
Description	Current Market Value	
Home (assessed value)		Monthly Payment Amount
Other Real Estate		
Vehicle Yr_____Make		
Vehicle Yr_____Make		
Checking: Average Balance		
Savings & Certificates		
Stocks, Bonds, Investments		
TOTAL		
GROSS MONTHLY INCOME		
SOURCES	AMOUNT	
Salary (self)		
Salary (adult #2)		
Social Security income (self)		
Social Security income (adult #2)		
Pension Income		
Other Income (child support, rental, etc.)		
Food Stamps (provide proof)		
TOTAL		
Medical Bills: (If over \$5,000 attach copies)	Current Balance	Monthly Payment Amount
1.		
2.		
3.		
Optional - Other Expenses you would like us to know about when processing your application	Current Balance	Monthly Payment Amount
1.		
2.		
3.		
<p>I AGREE THAT ALL INSURANCE PAYMENTS RECEIVED FOR CENTRAL PENINSULA HOSPITAL SERVICES WILL BE APPLIED TO MY ACCOUNT AND THAT THE ANSWERS TO THE STATEMENTS ABOVE ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND AND AGREE THAT THE INFORMATION HEREIN PROVIDED IS SUBJECT TO VERIFICATION WITH THIRD PARTIES AND OUTSIDE SOURCES.</p> <p>DATE _____ SIGNED _____</p>		