



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 - L Jennifer 714-6113 Jdecker@cpgh.org

M - Z Sheila 714-4857 Shkeen@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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250 Hospital Place, Soldotna, AK 99669 ~ (907) 714-4404 * www.cpgh.org

CONFIDENTIAL FINANCIAL STATEMENT

Account #

Name			Adult Household Member #2 Name		Adult #2 Social Security #	
Address			Adult #2 Employer			
City/State/Zip			Adult #2 Employer Address			
Telephone (Home)		Social Security #	City/State/Zip		Adult #2 Employer Phone #	
Employer			Number of dependent Children / Ages			
Employer Address			Nearest Relative Not Living with you			
City/State/Zip			Relative's Relationship			
Employer Telephone			Relative's Telephone			
ASSETS				LIABILITIES		
Description	Current market Value	Monthly Payment	Description	Current Balance	Mo. Payment Amt.	
Home (assessed value)			Home Mortgage / Rent			
Other Real Estate			Other Real Estate			
Vehicle Yr_____ Make			Vehicle Payments			
Vehicle Yr_____ Make			Credit Accounts:			
Boat Yr_____ Make			1.			
Checking: Average Balance			2.			
Savings & Certificates			3.			
Stocks, Bonds, Investments			4.			
Other Assets (Describe)			Medical Bills: (If over \$5,000 attach copies)			
1.			1.			
2.			2.			
TOTAL			3.			
GROSS MONTHLY INCOME			OTHER MONTHLY EXPENSES			
SOURCES	AMOUNT		DESCRIPTION	AMOUNT		
Salary (self)			Insurance (car, home, life, etc.)			
Salary (adult #2)			Medical insurance			
Social Security income (self)			Utilities			
Social Security income (adult #2)			Food			
Pension Income			Transportation			
Other Income (child support,, rental, etc.)			Daycare			
Food Stamps (provide proof)			Prescription Costs			
TOTAL			TOTAL			
<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>						
DATE _____			SIGNED _____			
OFFICE USE ONLY	CFO/PFS DIRECTOR:	DATE:	ALL RESOURCES UTILIZED Y or N	Fin. Assist/Charity Care Y or N		