

Ringgold County Hospital

Application for Financial Assistance

Please answer each question in as complete of detail as is possible. In order to process your application, **please include your most recent check stub or your last IRS Form 1040** (if application is being made during the first quarter of the calendar year). If you and/or your spouse are currently unemployed, please list the most recent employer and the hourly wage you were making.

NOTE: If you live with others in your household who share living expenses, you must provide their income as our assistance policy is based on HOUSEHOLD income.

YOUR information	SPOUSE/OTHER information	
Name (First, MI, Last)	Name (First, MI, Last)	Street Address
Date of Birth:	Date of Birth:	City, ST, Zip Code
Employer/Occupation:	Employer/Occupation:	Marital Status (Married, Divorced, Widowed, etc.)
Employment Status: (Full time, part time, laid off, etc.)	Employment Status: (Full time, part time, laid off, etc.)	Telephone Number Home: Work:
Weekly take home pay: _____ Bi-weekly take home pay: _____ Monthly take home pay: _____	Weekly take home pay: _____ Bi-weekly take home pay: _____ Monthly take home pay: _____	Name and ages of all persons living with you:
Other Sources of Income per month such as Social Security, rents, interest, dividends, Child Support, Alimony, state assistance, food stamps, etc.	Other Sources of Income per month such as Social Security, rents, interest, dividends, Child Support, Alimony, state assistance, food stamps, etc.	Current Cash Available: Checking: _____ Savings: _____ CD's: _____ Other: _____
MONTHLY Expenses		
Mortgage payment:	Medication Costs:	Auto/RV/Motorcycle/Boat, etc. Expenses:
Real Estate Taxes:	Health Insurance (don't include if deducted from paycheck):	Make/Model/Year:
Rent:		1st Vehicle payment:
Electricity:	Other Outstanding Medical Bills (Name/Amount):	1st Vehicle insurance:
Gas:		Make/Model/Year:
Water/Sewer/Trash:		2nd Vehicle payment:
Telephone:		2nd Vehicle insurance:
Homeowner's Insurance (if not in mortgage payment):		Make/Model/Year:
		3rd Vehicle payment:
Food Costs:		3rd Vehicle insurance:
Education Costs:		Make/Model/Year:
Other Living Expenses (List):		4th Vehicle payment:
		4th Vehicle insurance:
		Transportation Costs:

MONTHLY Payments on Other Debts (Credit Cards, IRS liens, Small Claims, etc.)

Name of Lender:	Purpose:	Monthly Payment:
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I certify that the information provided in this application and any related attachments is true to the best of my knowledge. I authorize Ringgold County Hospital to investigate these statements as deemed necessary to process this application for financial assistance.

Signature

Date Signed

Signature

Date Signed

For Office Use Only

Total take home pay:	Total monthly debt:	# in Household:
Total monthly expenses:	Total medical bills:	Total cash available:
Current pay stub?	Current 1040?	Annual Income: