



Patient Name: \_\_\_\_\_

GUARANTOR				SPOUSE			
Name		Date of Birth		Name		Date of Birth	
Social Security #				Social Security #			
Home Phone		Cell Phone		Home Phone		Cell Phone	
Present address No. year:		<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent		Present address No. year:		<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent	
Street: _____				Street: _____			
City/State/Zip: _____				City/State/Zip: _____			
<i>Former address if less than 2 years at present address</i>				<i>Former address if less than 2 years at present address</i>			
Street: _____				Street: _____			
City/State/Zip: _____				City/State/Zip: _____			
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single				Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single			
Total number residing in household: _____				Total number residing in household: _____			
Number of dependent children:		Ages:		Number of dependent children:		Ages:	
Name and address of employer				Name and address of employer			
Position/Title:		Length of employment:		Position/Title:		Length of employment:	
Previous employer(s) within the last year				Previous employer(s) within the last year			
MONTHLY INCOME				MONTHLY EXPENSE			
The following proof of income documents are required at the time of application <ul style="list-style-type: none"> <li>• Federal tax return including W9(s) for years: _____</li> <li>• Payroll stubs for last 2 months</li> <li>• Bank statements for the current month and/or other income verification</li> </ul>				List all monthly expenses for the household			
				Mortgage/rent payment (circle one)	\$	Child care expense	\$
	Guarantor	Co-applicant	Total	Lot rent		Child support pmts	
Gross Earnings	\$	\$	\$	401 K/403B withholding		Credit Cards (min pmt)	
Farm/Self employed				Property taxes		Other loan pmts	
Pensions				Utilities: Gas			
Work comp.				Electric			
Interest/dividends				Water			
Rental				Garbage pickup			
Disability/SSI				Cable TV			
Military				Food			
Child Support				Telephone			
Alimony				Cell phone			
Unemployment				Auto loan payment			
Food stamps				Alimony paid			
Subsidized Housing							
Other							
<b>Total monthly household income:</b>			<b>\$</b>	<b>Total monthly household expenses</b>			<b>\$</b>

<b>ASSETS</b>	<b>LIABILITIES</b>
---------------	--------------------

