**Patient/Applicant**

Date Financial Counselor Received

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name/Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle \_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LIVING ARRANGEMENT**: Rent \_\_\_ Own\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children under the age of 18 \_\_\_\_ Is Patient a minor? □ Yes □ No If Yes, name of Minor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this a result of a**

Vehicle accident? □ Yes □ No Work injury? □ Yes □ No Result of a crime? □ Yes □ No

Is the patient a Veteran? □ Yes □ No Is the patient pregnant? □ Yes □ No

**Gross Monthly Income**

Self\_\_\_\_\_\_\_\_\_\_ Spouse/Significant Other \_\_\_\_\_\_\_\_\_\_\_ Unemployment \_\_\_\_\_\_\_\_\_\_ Food Stamps \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security / SSI/ SSD \_\_\_\_\_\_\_\_ Loans / Gifts\_\_\_\_\_\_\_ Worker’s Comp \_\_\_\_\_\_\_\_\_\_ Inheritance / Trust \_\_\_\_\_\_\_\_

Veteran’s Benefits \_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_ Pension / Retirement \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL Gross Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly Expenses**

Rent/Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_ Auto Insurance \_\_\_\_\_\_\_\_\_\_\_

2nd Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriptions \_\_\_\_\_\_\_\_\_\_\_\_\_ Car Payment \_\_\_\_\_\_\_\_\_\_\_

Space Rent \_\_\_\_\_\_\_\_\_\_\_\_\_ Gasoline / Fuel \_\_\_\_\_\_\_\_\_\_\_\_\_ Home / Rent Ins. \_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_ Child Care \_\_\_\_\_\_\_\_\_\_\_\_\_ Garnishments \_\_\_\_\_\_\_\_\_\_\_

Electricity/Heat \_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor / Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_ Life Insurance \_\_\_\_\_\_\_\_\_\_\_

Water/Sewer/Trash \_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_ Health / Accident Ins.\_\_\_\_\_\_\_\_\_

**TOTAL Monthly Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSETS**

*All Business & Personal Bank Accounts:*

Checking Account - Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking Account - Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account – Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account – Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks, CD’s, Trusts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4O1K, Retirement, IRAs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Balance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance Cash Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/ Properties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Value Purchase Date Amount Owed

Land / Rental Properties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Value Purchase Date Amount Owed

Vehicle \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Current Value Amount Owed Monthly Payment

Vehicle \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Current Value Amount Owed Monthly Payment

Vehicle \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Current Value Amount Owed Monthly Payment

Recreational (Boat, RV, ATV, MC) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Year Type Current Value Amount Owed Payment

Recreational (Boat, RV, ATV, MC) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Year Type Current Value Amount Owed Payment

I authorize Kootenai Health to verify the information that I have supplied on this statement to be true and to access credit information if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

 Revised: 4/2020