



Financial Assistance Application

Name: _____ Account Number(s): _____

Address: _____ Length at address: _____

City: _____ State: _____ Zip: _____ Phone: _____

List all household members by legal name, including yourself

Name (Last, First & Middle Initial)	Date of Birth	Age	Relation to Guarantor	Occupation	Social Security Number	Gross Annual Income
Total						

Sources of Gross Household Income:

Employer	
Social Security	
Self-Employment Income	
Interest	
Workers Compensation	
Unemployment Compensation	
Alimony	
Rental Income	
Pension / Retirement Income	
Investment Income	
Other Income or Support	
Total	

Vehicles:

1	Brand	
	Model	
	Year	
	Market Value	
2	Brand	
	Model	
	Year	
	Market Value	
3	Brand	
	Model	
	Year	
	Market Value	

Savings, Checking and Investment Accounts:

Type of Account	Institution Name	Balance
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> CD's		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds		
IRAs and 401k / 403b employee sponsored plans		
Total		

Real Estate

Type of Real Estate	Market Value	Mortgage Payment	Outstanding Balance
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Rental Property			

Monthly Payments & Living Expenses

	Total Due	Monthly Payment	Amount Overdue		Total Due	Monthly Payment	Amount Overdue
Medical:				Housing:			
Hospital				Primary Home Mort.			
Other Hospital				Second Mortgage			
Doctors				Property Tax			
Medications				Rent			
Other Medical				Repairs			
				Other			
Transportation:				Utilities:			
Vehicle Payments				Electric, Gas, Water			
Gasoline				Garbage			
Maintenance				Telephone			
Public Transportation				Cable or Satellite			
Other Transportation				Other			
Family:				Insurance:			
Day Care				Automobile			
Child Support				Medical			
Alimony				Life			
School Tuition				Disability			
Other				Home Owners			
				Renters			
Living:				Other			
Groceries							
Restaurants				Recreation:			
Alcohol & Tobacco				TV, Video, Game rental			
Legal Judgments				Event Tickets			
				Vacation, Travel			
Charitable:				Fitness			
Churches				Other			
Other Donations							

Please explain any payments over \$1,000

Do you have Medical Insurance? Yes No
 Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Auto Insurance? Yes No
 Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Individual or Supplemental Insurance? Yes No
 Company Name: _____ Policy Number: _____ Group Number/Name: _____

Do you have Medicare or Medicaid? Yes No Medicare Num: _____ Medicaid Num: _____

Statement

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that the information that I submit is subject to verification, including credit agency scoring, and subject to review by federal and/or state agencies and others as required. I authorize my employer to release to Piedmont Healthcare proof of my income. I understand that if any information I have given proves to be untrue, Piedmont Healthcare will re-evaluate my financial status and take whatever action becomes appropriate.

Signature of Applicant _____ Date _____ Signature of Witness _____ Date _____
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