



### Financial Hardship Application

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guarantor Name: \_\_\_\_\_ Guarantor Acct # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Type of hardship waiver you are requesting:**

1 time visit at no charge

Past due Balance Reduction

Other (please describe)

\_\_\_\_\_

**Details of Hardship: Check all of the boxes below that relate to you or your family's extreme financial hardship.**

I am homeless or I am more than 30 days late paying my rent or mortgage, and have an eviction notice.

**Please provide a copy of any notices from your landlord, bank, or mortgage company.**

I have a shut off notice from a utility company (gas, electric, oil, water). One or more of my utilities has been shut off, or one or more of my utility companies will not deliver services because I cannot pay. (If you have a large or long overdue utility bill but they cannot disconnect because you are disabled or it is winter, check this section.)

**Please provide a copy of your shut off notice or bill.**

I am unemployed. **Please provide copy of unemployment documentation.**

Other (please explain) \_\_\_\_\_

I certify that I have read or had read to me the information on this application. I understand my responsibilities. I understand that this is not a guaranteed waiver. I certify under the penalty of perjury that the information on this application and any papers added to it is correct and complete to the best of my knowledge.

Your signature or the signature of your eligibility representative on this application certifies that the information on this form is correct and complete to the best of your knowledge.

*If you are not on the Healthy Neighbor Plan, or your circumstances have changed and you are eligible for more discounts than previously given, a new HNP application and supporting documents must accompany this request.*

\_\_\_\_\_  
**Patient Signature** (Guardian if patient is under 18)

\_\_\_\_\_  
**Date**

**SUBMIT TO CFO FOR REVIEW**