PARRISH MEDICAL CENTER 951 N. WASHINGTON AVE. TITUSVILLE, FL 32796 321-268-6158

FINANCIAL ASSISTANCE DOCUMENT LIST (SELF-EMPLOYED)

TO APPLY FOR FINANCIAL ASSISTANCE, YOU MUST BRING THE FOLLOWING DOCUMENTS WHICH ARE <u>APPLICABLE TO YOUR FINANCIAL SITUATION</u> IN ORDER TO COMPLETE YOUR APPLICATION:

- 12 MONTHS PROOF OF INCOME (THIS INCLUDES RECENT CONSECUTIVE PAYSTUBS FOR PATIENT, AND SPOUSE (IF APPLICABLE)...MUST INCLUDE GROSS INCOME**BANK STATEMENTS WILL <u>NOT</u> BE USED AS PROOF OF INCOME** (Please Note Additional documents may be required if you are Self-Employed)
- CHILD SUPPORT RECEIVED (YOU MAY OBTAIN AT COURTHOUSE)
- ANNUAL STATEMENT OF SOCIAL SECURITY, PENSION, OR ANNUITY **BANK STATEMENTS WILL <u>NOT</u> BE USED AS PROOF OF BENEFITS**
- □ IF SELF-EMPLOYED...QUARTERLY TAX STATEMENTS OR BOOKS SHOWING ALL INCOME AND EXPENSES (PROFIT/LOSS STATEMENT) FOR ONE YEAR...ALL BUSINESS BANK ACCOUNT STATEMENTS YEAR-TO-DATE- ONE YEAR (COMPLETE 12 MONTHS)
- LAST TWO YEARS' COMPLETED TAX RETURN ALL PAGES (PERSONAL AND BUSINESS)
- PROOF OF RESIDENCY AND IDENTIFICATION (DRIVER'S LICENSE OR PICTURE ID FOR ALL ADULTS, AND SOCIAL SECURITY CARD FOR ALL MEMBERS OF HOUSEHOLD)
- LAST 12 MONTHS CONSECUTIVE BANK STATEMENTS...MUST PROVIDE ALL BANK ACCOUNTS ON WHICH YOUR NAME IS LISTED (CHECKING/ SAVINGS/MONEY MARKET, PERSONAL AND BUSINESS, ETC.) <u>ALL PAGES ARE REQUIRED!!!**MUST BE IN STATEMENT FORMAT, WILL NOT</u> <u>ACCEPT TRANSACTION HISTORY**</u>
- LETTER OF SUPPORT IF ANYONE IS PROVIDING YOU WITH ROOM/BOARD OR ANY FINANCIAL ASSISTANCE TO MAINTAIN YOUR LIVING SITUATION PERSONAL AND/OR BUSINESS PARTNERSHIPS
- IF SELF-EMPLOYED
 YOU MAY BE REQUIRED TO SUBMIT ADDITIONAL

 DOCUMENTATION DEPENDING ON YOUR SPECIFIC SITUATION
- PLEASE COMPLETE ALL ATTACHED DOCUMENTS AND RETURN TO THE BUSINESS OFFICE IN PERSON TO COMPLETE REMAINING PROCESS

**IF YOU DO NOT BRING THE REQUIRED DOCUMENTS, YOU MAY HAVE TO RETURN TO COMPLETE THE FINANCIAL ASSISTANCE PROCESS AT ANOTHER TIME.

FINANCIAL ASSISTANCE DOCUMENT LIST: SELF-EMPLOYED

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