

WAVERLY HEALTH

— C E N T E R —

Addendum to Financial Assistance Application

Applicant Name: _____

Sources of Income: complete for each type that applies to you, your spouse or dependent(s) enter the amount earned. **YOU MUST FILL IN THE AMOUNTS IN THE BOXES.**

Type of Income	Applicant monthly amount	Spouse monthly amount	Dependent monthly amount	Additional Documents needed:
Earnings from employment (before taxes & deductions)				W-2 and last 2 paystubs for all who worked
Unemployment compensation				Unemployment award letter
Self-employment earnings				Last 3 months bank statements for business account(s)
Social Security, Supplemental Security Income				Social Security or Supplemental Security award letter
Pension, retirement income				
Disability income				
Worker's Compensation				
Veteran's benefits payment				
Child support				Divorce decree or custody agreement showing support requirements
Alimony				
Interest, dividends				
Rents, royalties, income from estates or trusts				
Other Miscellaneous sources of income				

Additional information may be requested to verify the amounts given above.