

GRUNDY COUNTY MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE APPLICATION

Instructions for completing the Financial Assistance Application

1. Reason for Application: Please write a brief explanation of your current situation and why you need assistance with your bill.
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2. Complete all areas of application and return within 14 days.
3. Date and sign the application.
4. **Please submit the following information for all members of the household age 18 and older with your application.** *Failure to provide requested information, or separate explanation as to why the information was not submitted, will result in an incomplete application.* Financial assistance cannot be provided without requested information.

Submit the following items as applicable (If not applicable, please explain why):

- ☐ Paycheck/unemployment check stubs (**Last 3 Months**)
- ☐ Most recent Federal and State Tax Returns (including all supporting documents).
- ☐ Most recent certified financial statement. (Business owners/Self-employed)
- ☐ Checking and Savings Account Statements (**Last 3 months**).
- ☐ Statement of monthly benefit from Social Security.
- ☐ Investment Statements (401K, IRA, investment account, health savings account).
- ☐ Documentation from State Program – WIC or Food Stamps
- ☐ Other:

The application will not be processed unless the application is completely filled out and accompanied by the requested income verification.

Your application and all supporting documents may be submitted via:

Mail:

Grundy County Memorial Hospital
Attn: Financial Assistance
201 East J Avenue
Grundy Center, IA 50638

Fax:

319-252-1606
Write "FA Application" on the fax cover sheet.

****If you have any questions, please call (319) 824-4137 and ask for Financial Assistance.**

GRUNDY COUNTY MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Name of Applicant	DOB	Home Phone
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Street Address/PO Box	Work Phone
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City	State	Zip Code
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Name of Co-Applicant	DOB	Home Phone
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Street Address/PO Box	Work Phone
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City	State	Zip Code
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Please attach a copy of the following documents:

- 1. Last Year's Tax Return**
- 2. Last 3 Month's Income**
- 3. Last 3 Month's Checking and Savings Account Balances**
- 4. Investment Statements (401K, IRA, investment account, health savings account)**

I certify that the information provided in the document is true, complete and correct to the best of my knowledge and belief. I understand that provision of false or misleading claims, statements, documents or concealment of material facts may result in the immediate cancellation of any agreements previously made. I hereby grant permission to GCMH and its representatives to investigate the information contained herein. Documentation must be provided. I also agree to notify GCMH of any changes in my financial position that would impact this determination.

Signature of Applicant	Date
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Signature of Applicant	Date
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GRUNDY COUNTY MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE APPLICATION

EXPENSES:

MONTHLY PAYMENT

UNPAID BALANCE

HOUSE HOLD:

Mortgage/Rent

Utilities

Other (Explain)

EDUCATION RE-PAYMENT LOAN

INSURANCE:

Auto

Real Estate

Health

Renters

CHILD CARE

CHILD SUPPORT/ALIMONY

CAR/TRUCK PAYMENT

CREDIT CARDS

BANK LOANS (personal)

MEDICAL BILLS:

Physicians

Dentist

Hospital

Home Medical Equipment

Home Health

Pharmacy

TOTAL MONTHLY EXPENSES

OTHER:

List All Other People Living in the Household

Name

Relationship

Social Security No.

Birthdate

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GRUNDY COUTNY MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION

INCOME:

Applicant's Net Income _____

Spouse's Net Income _____

Other Income: _____

(Alimony, Child Support, VA,
Welfare, Social Security, Rent,
Disability, Pension, Other)

TOTAL MONTHLY INCOME _____

ASSETS:

Checking Account _____

Savings Account _____

Stocks/Bonds/CDs _____

Vehicles: (Cars, Trucks, Motorcycles, Boats and Trailers)

Model _____ Year _____ Monthly Payment _____

Model _____ Year _____ Monthly Payment _____

Model _____ Year _____ Monthly Payment _____

Model _____ Year _____ Monthly Payment _____

Total Market Value _____

Total Loan Balance _____

Land

Market Value _____

Loan Balance _____

Mortgage

Market Value _____

Loan Balance _____

Other Assets: (Please Attach a List)

Market Value _____

Loan Balance _____

TOTAL ASSETS _____

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