

# 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 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 **for each member of the household.** (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 (past 3 months).
- Statement of monthly benefit from Social Security.
- 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) 824-3337  
Write "FA Application" on the fax cover sheet.

**\*\* If you have any questions, please call (319) 824-5421 and ask for the Financial Assistance Representative. \*\***

# GRUNDY COUNTY MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION

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Name of Applicant

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

Home Phone

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Street Address/PO Box

Work Phone

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City

State

Zip Code

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Number of Dependents

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Please attach a copy of the following documents *for each member of the household* (if applicable):

- 1. Last Year's Tax Return**
- 2. Last 3 Month's Income**
- 3. Checking and Savings Account Balances**
- 4. Short and Long Term Investment Account Balances**

I certify that the information provided in the document is true, complete and correct to the best of my knowledge and belief.

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Signature of Applicant

Date

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Signature of Applicant

Date

# GRUNDY COUNTY MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION

<b>EXPENSES:</b>	<b>MONTHLY PAYMENT</b>	<b>UNPAID BALANCE</b>
<b>HOUSE HOLD:</b>		
Mortgage/Rent	_____	_____
Utilities	_____	_____
Other (Explain)	_____	_____
EDUCATION RE-PAYMENT LOAN	_____	_____
<b>INSURANCE:</b>		
Auto	_____	
Real Estate	_____	
Health	_____	
Renters	_____	
CHILD CARE	_____	
CHILD SUPPORT/ALIMONY	_____	
CAR/TRUCK PAYMENT	_____	
CREDIT CARDS		
BANK LOANS (personal)	_____	_____
<b>MEDICAL BILLS:</b>		
Physicians	_____	_____
Dentist	_____	_____
Hospital	_____	_____
Home Medical Equipment	_____	_____
Home Health	_____	_____
Pharmacy	_____	_____
<b>TOTAL MONTHLY EXPENSES</b>	_____	_____

**OTHER:**

List All Other People Living in the Household

Name	Relationship	Social Security No.	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# 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, 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 \_\_\_\_\_