

SOUTHWEST REGIONAL REHABILITATION CENTER

Charity Care Application (Financial Statement) (Page 2 of 2)

Southwest Regional Rehabilitation Center is requesting disclosure of information that is necessary to determine eligibility for the Charity Care Program. Nondisclosure of this information may prevent this application from being processed.

1. Please copy and attach page 1 of your most recent income tax return (net income) and provide copies of proof of income (paycheck stubs).

For item numbers 2-9, please provide the total dollar amounts for the last 3 months.

	Total Dollar Amount for the Last 3 Months
2. Employment Compensation (take home pay)	\$ _____
3. Spouse's Employment Compensation (take home pay)	\$ _____
4. Unemployment Compensation Benefits	\$ _____
5. Social Security Benefits	\$ _____
6. Public Aid or General Assistance	\$ _____
7. Pensions	\$ _____
8. Other Income (Interest, Dividends, Child Support, etc.).....	\$ _____
9. Total Household Income.....	\$ _____
10. Total Family/ Household Size.....	# _____
11. Please provide an estimate of your net assets, i.e. cash, stocks, homes, automobiles, etc.	\$ _____

I declare that the above information provided by me is true and correct to the best of my knowledge. I also certify that I have fully disclosed all information requested.

Signature Date

Approval/ Denial Section

Approved Approved By: _____ Date: _____

Denied Denied By: _____ Date: _____

*Approval/ Denial Authorized By: _____ Date: _____
President/ CEO

* (President/CEO signature not required for Van Waiver Approvals)