

# WAVERLY HEALTH

— C E N T E R —

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## APPLICATION FOR FINANCIAL ASSISTANCE

***Your application will not be accepted if there is incomplete or missing information.  
If you need more space please use the back of this page or include additional sheets.***

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you own your home? \_\_\_\_\_

Name(s) of Spouse and additional Dependents	Date of Birth	Relationship	Claim on taxes?

### EMPLOYMENT INFO:

1. **Applicant:** Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_

Employer Name \_\_\_\_\_ City and State \_\_\_\_\_

How long have you worked there \_\_\_\_\_ Are you paid hourly, salaried or commission? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_ How often are you paid? \_\_\_\_\_

2. **Spouse:** Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_

Employer Name \_\_\_\_\_ City and State \_\_\_\_\_

How long have you worked there \_\_\_\_\_ Are you paid hourly, salaried or commission? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_ How often are you paid? \_\_\_\_\_

3. Does anyone else on this application have income to report? If so, please include on the back.

Income Source (show amount for each time you receive a payment)	Applicant	Spouse	Documentation Required – include all for each income source that you have	For office Use only
All applicants provide these documents			Last tax return (form 1040 or 1040EZ), last 3 bank statements	
Wages (before taxes and deductions)			Most recent pay stub	

Income Source (show amount for each time you receive a payment)	Applicant	Spouse	Documentation Required – include all for each income source that you have	For office Use only
Self Employed (estimate monthly income)			Form 1040 or 1040 SR, tax Schedules SE, C or F (for farmers) and K-1 (for partnerships); bank statements for business account	
Social Security (before deductions)			Annual Social Security notice	
Pension/Disability (before taxes)			Pension/ Disability award letter or payment notice	
Rental Income			Tax schedule E; bank statements for business account	
Unemployment (before taxes)			Unemployment letter	
Workers' Compensation			Workers Compensation award letter and payment notice	
Other: please describe				

**OTHER INFO:**

**By signing this form, I agree that:**

- **The information in this form is correct. It is against the law to give false information.**
- **Waverly Health Center may confirm the information in this form or get a credit report.**
- **Form must be signed and dated.**

Application Date

Applicant Signature

Spouse Signature