



**Corpus Christi Fire Department
Financial Assistance Application**



Patient(s) Name: _____ **Account #:** _____

YOU MUST PROVIDE AT LEAST 1 OF THE FOLLOWING:
 ___ Most recent complete Income Tax Return
 ___ 3 most recent pay check stubs
 ___ 3 most recent checking/savings account statements
 ___ Food Stamp or SSI/SSA/SSD award letter
 ___ If you report a \$0 income, please attach a brief explanation of how you or the patient are meeting basic needs

YOU MUST PROVIDE PROOF OF IDENTITY WITH AT LEAST 1 OF THE FOLLOWING:
 ___ Current Driver's License
 ___ Passport
 ___ Alien Registration
 ___ State-Issued Identification Card

PERSONAL DATA:	RESPONSIBLE PERSON	SPOUSE
NAME		
SOCIAL SECURITY #		
DATE OF BIRTH		
STREET ADDRESS/APT #		
CITY, STATE, ZIP		
HOME PHONE #		

EMPLOYMENT DATA:	RESPONSIBLE PERSON		SPOUSE	
EMPLOYER NAME				
EXPLAIN IF SELF-EMPLOYED				
ADDRESS				
PHONE #				
# OF HOURS WORKED/WEEK				
JOB TITLE				
LENGTH OF EMPLOYEMENT	YRS	MONTHS	YRS	MONTHS
GROSS MONTHLY SALARY				

OTHER HOUSEHOLD MEMBERS:

NAME _____ AGE _____ DOB _____ RELATIONSHIP _____

NAME _____ AGE _____ DOB _____ RELATIONSHIP _____

NAME _____ AGE _____ DOB _____ RELATIONSHIP _____

GROSS MONTHLY SALARY _____

ADDITIONAL INCOME: DEBT: OTHER EXPENSES:

2ND JOB: ___ N ___ Y
\$ _____ /MONTH
SMALL BUSINESS: ___ N ___ Y
\$ _____ /MONTH
OTHER: (EX. INVESTMENTS, SAVINGS, CHILD SUPPORT, OTHER GOVERNMENTAL AID)
\$ _____ /MONTH

HOME MORTGAGE:
\$ _____ /MONTH
HELD BY:

UNPAID BALANCE:
\$ _____
AUTOMOBILE:
\$ _____ /MONTH

MEDICAL BILLS:
\$ _____ /MONTH
PHARMACY BILLS:
\$ _____ /MONTH
OTHER: (EX. LOANS, RENT, CABLE, GAS, PHONE, UTILITES, FOOD, AUTO INSURANCE, CREDIT CARDS, CHILD SUPPORT)
\$ _____ /MONTH

ARE ANY THIRD PARTIES POTENTIALLY LIABLE FOR YOUR MEDICAL EXPENSES (I.E. AUTO INSURANCE, WORKER'S COMPENSATION, LAWSUIT)? ___ N ___ Y

I certify that I am unable to pay for all the costs of necessary services and that the information I have given to CORPUS CHRISTI FIRE DEPARTMENT is true and accurate. I understand that CORPUS CHRISTI FIRE DEPARTMENT will use this information to determine my eligibility for financial assistance. I have disclosed all my assets and income. Failure to report assets or income could result in legal recourse, including criminal charges. I agree to report any changes in my financial status to CORPUS CHRISTI FIRE DEPARTMENT. I authorize CORPUS CHRISTI FIRE DEPARTMENT, or any credit reporting agency, to investigate any reference, statements, employment, or other data given by me or any other person pertaining to my credit and financial responsibility.

Patient/Guarantor Signature _____ Date _____

Spouse's Signature _____ Date _____

DEPARTMENT USE ONLY

_____ **APPROVED** _____ **DENIED** **DATE:** _____

COMMENTS/OTHER NOTES:

PRINT REVIEWER'S NAME: _____

SIGNATURE OF REVIEWER: _____