



Acct # E

FINANCIAL ASSISTANCE APPLICATION
PLEASE PRINT ALL INFORMATION

Please complete and sign the application. Incomplete applications will be denied. Presenting fraudulent information and failure to provide the required documents will result in denial of the application.

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APPLICANT INFORMATION:

Name (Last, First Middle): _____

Social Security # _____ Date of Birth: _____

Gender: Female _____ Male _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Separated: _____ Common Law: _____ Widow _____

Additional documentation may be necessary to determine eligibility and must be provided upon request.

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GUARANTOR/LEGAL GUARDIAN INFORMATION:

Name (Last, First Middle): _____

Social Security # _____ Date of Birth: _____

Relationship to Applicant: Parent: _____ Other _____

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RESIDENCE INFORMATION:

Address: _____ Apartment#: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Email Address: _____

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VALID FORM OF IDENTIFICATION: (Expired ID's will not be accepted.)

United States/ State issued Driver's License or Identification Card: _____

United States Passport: _____

Permanent Resident ID (green card): _____

CURRENT PROOF OF RESIDENCY (2):

Utility Bill: Electric/Gas/Water: ____ Voter Registration Card: ____ Property Tax Receipt: ____
Social Security Correspondence: ____ Income Tax Return/ W-2 Statement: ____ Pension Statement: ____
Mortgage Statement: ____ Texas Health & Human Services Correspondence: ____ Lease Agreement: ____
United States/State of Texas Issued ID or Driver's License: ____ Child Support Correspondence: ____
UMC HealthCare Options or Care Plus Notice of Approval: ____ Texas Registration Renewal: ____

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CURRENT INCOME VERIFICATION:

Income Tax Return/W-2 (current year): ____ Check stubs/three most recent pay periods: __ Letter from
employer, on employer letterhead with payment amount: __ U.S. unemployment: __ Social Security
letters or deposit slips showing the amount of the Social Security Deposits: __ Public Assistance (SNAP,
TANF): __ Alimony: __ Child Support: __ Pension/Retirement: __ VA Benefits: __ UMC HealthCare
Options or Care Plus Notice of Approval: __ Net Rental Income: __ Receipt from estates or trusts: __
College or University grants, scholarships, or fellowships: __

Claim Zero Income: __ (Additional documentation may be necessary to determine eligibility and must be provided upon
request).

DEPENDENTS:

Birth certificate ____ Income Tax Return (current year) ____ Medicaid Benefit Letter ____

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Applicant Signature

Date

By signing above, I affirm to the best of my knowledge and belief that the information on this application is accurate.

OFFICE USE ONLY

Valid identification: Yes _____ No _____

Proof of residency: Yes _____ No _____

Income verification: Yes _____ No _____

Household composition: Yes _____ No _____

Financial Assistance authorized: Yes _____ Expiration Date: _____

No _____ Reason: _____

Financial Assistance Representative

Date