

FINANCIAL QUESTIONNAIRE

Any surgical fees will create a financial hardship. The following information is provided to the Financial Counselor as an application for financial assistance for my cataract surgery.

SOME INFORMATION ABOUT YOURSELF

Name _____

Address _____

Phone Number _____ Age _____

<input type="checkbox"/> ARE YOU? ____ Married	<input type="checkbox"/> ARE YOU? ____ Homeowner	<input type="checkbox"/> ARE YOU? ____ Retired
<input type="checkbox"/> Widowed	<input type="checkbox"/> Renter	<input type="checkbox"/> Employed
<input type="checkbox"/> Single	<input type="checkbox"/> Farm Owner	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Separated	<input type="checkbox"/> Boarder	
<input type="checkbox"/> Divorced	<input type="checkbox"/> In a Nursing Home	

If employed, what is your place of employment? _____

If retired, what type of work did you do? _____

TELL US ABOUT YOUR INCOME SOURCES

What are your monthly earnings? _____

Do you receive social security income? _____

Do you receive a pension or retirement income? _____

Do you receive any other income? _____

Do you receive Government Supplemental Income? _____

Do you have rental income from real estate? _____

What is your spouse's monthly income? _____

Total monthly income. _____

TELL US ABOUT YOUR EXPENSES

MONTHLY EXPENSES

Monthly rental or mortgage payment _____
Food _____
Clothing _____
Utilities _____
Transportation _____
Maintenance (automobile, home, etc.) _____
Non-refundable medical expenses _____
Other expenses (please specify) _____

Total Monthly Expenses _____

How much interest did you report on your last tax return? _____

Do you have family members that could financially assist you? _____

FOR OFFICE USE ONLY

Date _____

Financial Counselor _____

Address _____

Phone Number _____

Comments _____

Approved _____

Not Approved _____