

Proof of Income

Patient's financial information (must bring one of the following forms)

- Most current tax return (IRS 1-800-829-1040)
- Most recent paycheck stubs - minimum of 3
- Last 3 months of bank statements (include all pages showing all transactions and deposits. Include bank statement copies for all accounts.)
- Letter from employer (if paid in cash) or religious leader - must include contact information, amount received monthly, and how long employment/assistance has been given

| # of Persons in Household | Annual Income |
|----------------------------------|----------------------|
| 1 | \$25,760 |
| 2 | \$34,840 |
| 3 | \$43,920 |
| 4 | \$53,000 |