



☪ Affiliated with, but not controlled by, Baylor Health Care System or its subsidiaries or community medical centers

Date: \_\_\_\_\_

**Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

This is an application for financial assistance, **please fill it out and return with the requested information within 30 days**. In order to process an application you must have a current account.

A current account is defined as an account, with a balance, which is not older than six (6) months. Applications are completed in the order in which they are received and may take up to thirty (30) days to complete.

**\*\*\*PLEASE PROVIDE THE FOLLOWING\*\*\***

**Any application submitted without required documentation will be denied. You can resubmit application with required documents and the six (6) month current account timeframe will apply.**

\* 2016 TAX RETURN (Complete income tax is required and MUST accompany all applications.)

\*Current three (3) months checking and savings account statements.

\*Current three (3) months payroll check stub with gross income.

\*Current year Social Security Income (check copy, Social Security benefit letter, or bank statement reflecting direct deposit accepted).

\* Proof of Legal Residency required (Social Security card, Green Card, Visa or Passport for those visiting the United States).

If you have any questions or need any help please feel free to call.

Last name alpha **A-L (940)626-1271 – Robin Sellards – 8-4:30 M-F**

Last name alpha **M-Z (940)626-1304 – Crissy Fields – 7:00-3:30 M-F**