



| <b>Household Assets Please list all assets owned by any household member</b> |                                |                            |
|------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>Asset Type</b>                                                            | <b>Who receives this Asset</b> | <b>Gross Monthly Asset</b> |
| Checking Account                                                             |                                |                            |
| Savings Account                                                              |                                |                            |
| Investments, including stocks and bonds                                      |                                |                            |
| Trust funds                                                                  |                                |                            |
| Money Market accounts                                                        |                                |                            |
| Mutual funds                                                                 |                                |                            |
| Other investment funds that will not incur a penalty                         |                                |                            |
| Total:                                                                       |                                |                            |

I am applying for Financial Assistance for healthcare services rendered at Southwest Medical Center. I hereby certify that the above information is true and correct to the best of my knowledge. I also understand that the appropriate documents must be provided and/or mailed with this application for consideration of Financial Assistance.

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Signature of Patient, Spouse, or Legal Representative

Date