

**HIAWATHA HOSPITAL ASSOCIATION  
FINANCIAL DATA SHEET  
300 UTAH  
HIAWATHA KS 66434  
785-742-6250**

NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_  
(Last) (First)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ SPOUSE/OTHER SSN \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SPOUSE/OTHER DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ SPOUSE/OTHER EMPLOYER \_\_\_\_\_

GROSS SALARY\$ \_\_\_\_\_ SPOUSE/OTHER GROSS SALARY\$ \_\_\_\_\_

OTHER INCOME (Rental, farm, child support, etc) \$ \_\_\_\_\_ **TOTAL INCOME \$** \_\_\_\_\_

LESS TAXES \$ \_\_\_\_\_ **TOTAL DISPOSABLE HOUSEHOLD INCOME \$** \_\_\_\_\_

**What other means of assistance have you applied for?** \_\_\_\_\_

Accepted? Yes No (circle) Date denied other assistance \_\_\_\_\_  
(send copy of denial)

**DEPENDENTS #** \_\_\_\_\_ **(Total number in family; as claimed on tax filings)**

List names of all family members: \_\_\_\_\_

FAMILY DR. \_\_\_\_\_ SAVINGS \$ \_\_\_\_\_ CHECKING \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

**PROPERTY OWNED**

Residence: Payment \$ \_\_\_\_\_ RENT OR OWNS\$ \_\_\_\_\_ Automobile: Payment \$ \_\_\_\_\_  
(circle one)

Other Vehicle: Payment \$ \_\_\_\_\_

**LIVING EXPENSES (Monthly)**

Groceries \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_ Auto (gas/repair) \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Miscellaneous \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

**OTHER EXPENSES**

Please use back of page to list creditors, credit cards, medical bills, etc.

**RETURN THIS SIGNED COPY WITHIN 10 DAYS INCLUDING A COPY OF LAST YEARS TAX RETURN AND/OR A CURRENT MONTHLY PAY STUB.**

I hereby state the above is true and accurate to the best of my knowledge and I authorize the verification of the information.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED AND MUST INCLUDE PROOF OF INCOME TO BE CONSIDERED.**