



**STATEMENT OF FINANCIAL CONDITION  
SCHEDULE OF CURRENT INCOME AND EXPENDITURES**

Your Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 Your SS# \_\_\_\_\_ Spouse SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**A. FAMILY STATUS**

1. List all dependents that you support (other than your spouse)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. EMPLOYMENT AND OCCUPATION**

- You are employed by: \_\_\_\_\_ Position \_\_\_\_\_  
 If self employed, give name of business \_\_\_\_\_
- Your spouse is employed by: \_\_\_\_\_ Position \_\_\_\_\_  
 If self employed, give name of business \_\_\_\_\_

**C. CURRENT INCOME**

	<u>You</u>	<u>Spouse</u>
1. Gross pay (wages, salary, commissions, tips)	\$ _____	_____
2. Income from operating a business	\$ _____	_____
3. Other income:		
a. Interest and dividends	\$ _____	_____
b. From real estate or personal property	\$ _____	_____
c. Social Security	\$ _____	_____
d. Pension or other retirement income	\$ _____	_____
e. Other (specify) _____	\$ _____	_____
_____	\$ _____	_____
4. Alimony, maintenance or support payments	\$ _____	_____
<b>TOTAL MONTHLY INCOME (total all above)</b>	<b>\$ _____</b>	_____

**(PLEASE TURN OVER AND COMPLETE OTHER SIDE)**



**D. SCHEDULE OF CURRENT EXPENDITURES**

1. Home expenses:

- a. Rent or house payment and maintenance cost \$ \_\_\_\_\_
- b. Household supplies \$ \_\_\_\_\_
- c. Real estate taxes \$ \_\_\_\_\_
- d. Utilities
  - Electric and gas \$ \_\_\_\_\_
  - Water \$ \_\_\_\_\_
  - Telephone \$ \_\_\_\_\_
  - Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Total Utilities \$ \_\_\_\_\_

2. Other Expenses:

- a. Spousal or child support \$ \_\_\_\_\_
- b. Insurance (only if not deducted from wages)
  - Health \$ \_\_\_\_\_
  - Auto \$ \_\_\_\_\_
  - Homeowners or renters \$ \_\_\_\_\_
  - Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Total Insurance Expenses \$ \_\_\_\_\_
- c. Installment Expenses:
  - Auto \$ \_\_\_\_\_
  - Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
  - Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Total Installment Expenses \$ \_\_\_\_\_
- d. Transportation (including gas & repairs) \$ \_\_\_\_\_
- e. Education or child care \$ \_\_\_\_\_
- f. Food \$ \_\_\_\_\_
- g. Clothing (including laundry or cleaning) \$ \_\_\_\_\_
- h. Medical, dental, and medicines \$ \_\_\_\_\_
- i. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CURRENT MONTHLY EXPENSES (Total all above) \$ \_\_\_\_\_**

By my signature, I declare under the penalty of perjury that the above schedule of income and expenditures is a true reflection of my monthly income and expenses. I agree to allow Dameron Hospital Association to verify employment status and credit history for the purpose of determining my qualification for financial assistance, as permitted by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Patient or Guarantor)