

Financial Hardship Application

Applicant Information

Name:

Date of Birth:

SSN:

Phone

Current Address

City

State

ZIP

Own Rent (Please Circle)

Monthly payment or rent:

How long?

Previous Address

City

State

ZIP

Owned Rented (Please Circle)

Monthly payment or rent:

How long?

Employment Information

Current Employer

Employer Address:

How long?

Phone:

Email:

Fax:

City:

State

Zip

Position:

Hourly Salary (Please Circle)

Annual Income:

Name of relative not residing with you:

Spouse Information

Name

Date of Birth:

SSN

Phone:

Spouse's Employment Information

Current Employer:

Employers Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

Zip:

Position:

Hourly Salary (Please Circle)

Annual Income:

Credit Cards

	Acct No	Current Balance	Monthly Payment

Mortgage Company

Acct No:

Address:

Auto Loans

Auto Loans	Acct No	Balance	Monthly Payment
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Other Loans, Debts, or Obligations		
Description	Account No	Amount

Other Assets or Sources of Income	
Description	Amount per Month or Value

I authorize Tustin Hospital, Anaheim General Hospital & California Community Collections to verify the information provided on this form.

Signature of Applicant	Date
Signature of Co-Applicant, if for joint account	Date