



JENNIE M. MELHAM MEMORIAL MEDICAL CENTER FINANCIAL ASSISTANCE APPLICATION

DEMOGRAPHIC SECTION

1	Name:	Daytime Phone No.	Application Date:
2	Home Address:		
3	Spouse Name: (if applicable)		
4	Spouse Address: (provide if different from yours)		
5	Marital Status:	Married: <input type="checkbox"/>	Single: <input type="checkbox"/>
6	Are you disabled?:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7		Divorced: <input type="checkbox"/>	Widowed: <input type="checkbox"/>
8	If yes: Date of Disability Ruling:	Mthly check: \$	
9	If Applied: Date of Application:		
10	Number of dependents (including yourself):		
11	Dependent Names:	Relationship:	Age:
12			

Attach add'l sheet if necessary

EMPLOYMENT SECTION

11	Your Employer Name	# of years employed:	# of Hours Worked / Week	Wage (\$/hr)
12	Spouse Employer Name	# of years employed:	# of Hours Worked / Week	Wage (\$/hr)

CASH INVESTMENT SECTION

CASH ON HAND:

13	Checking Account:	Bank Name	Current Balance
14		Bank Name	Current Balance
15	Savings or MM Account:	Bank Name	Current Balance
16		Bank Name	Current Balance
17	Other Cash investments	Institution Name	Current Balance
18		Institution Name	Current Balance

Housing/Real Estate Section

19	Do you own or rent your housing?	Own: <input type="checkbox"/>	go to Line 20	Rent: <input type="checkbox"/>	Go to line 24
20	Amount of monthly mortgage(s) payment:	\$			
21	Original amount of mortgage(s):	\$			
22	Current balance of mortgage(s):	\$			
23	Tax valuation of residence:	\$			
24	Amount of monthly rent:	\$			

Housing/Real Estate Section-Continued

25 Do you own or have an ownership interest in any agricultural real estate? Yes: Go to line 26
 No: Go to Vehicle Section

26 Number of acres: Ownership Interest: %
 Market Value: \$ Existing debt against ag. real estate: \$

27 Is this: Dryland Cropland Irrigated Cropland Pastureland

28 Check one: I farm this ground myself: I rent this ground to a tenant farmer:

Vehicle Section

Do you own any vehicles or motorcycles? Please list below.

Vehicle #	Year	Model	Loan Balance	Monthly Payment
29 Vehicle #1			\$	\$
30 Vehicle #2			\$	\$
31 Vehicle #3			\$	\$

Other Major Assets

32 Do you own any livestock: Yes If yes, go to line 33 No If no, go to line 36

33 How many head of livestock do you own?

34 How much debt is assigned to these livestock? \$

35 Are these: Feeder Cattle Cow/Calf Operation

36 Do you have any life insurance with a cash surrender value? Yes Amount \$ No

37 Do you have any retirement funds such as a 401k or a 403b? Yes Amount \$ No

38 Do you have any other investments not yet listed? Yes Go to line 39 No Go to Line 42

39 List any other investments:

Description	Market Value	Attach add'l sheet if necessary
	\$	
	\$	

Additional Loans/Debt

Please list any additional bank loans or significant debt not listed anywhere above:

Description	Debt Amount	Monthly Payment	Attach add'l sheet if necessary
	\$	\$	
	\$	\$	
	\$	\$	

Major Medical Bills (excluding Melham Medical Center)

Description	Debt Amount	Monthly Payment	Attach add'l sheet if necessary
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

BANKING REFERENCES

Please provide the name of your bank (s) that you would like to use for a reference.

49	Name of Bank	Contact Person	Phone Number
50	Name of Bank	Contact Person	Phone Number

Medical Insurance

51 Do you have Health Insurance?: Yes: No: Annual Deductible: Individual Family

OTHER REQUIRED INFORMATION

Please attach the following documents:

- 52 A copy of your most recent Federal Tax Return
- 53 Copies of your last two paycheck stubs, for both you and your spouse if applicable.
- 54 A copy of a Denial of Coverage from the Nebraska Medicaid Program

I certify that I believe the above information presented on this application is true and correct to the best of my knowledge. I understand that any substantial misstatement of the information contained herein will automatically disqualify me (us) from further consideration in the Financial Assistance Program. Furthermore, I hereby authorize Melham Medical Center to contact any bank references, vendors and credit agencies to verify the information presented herein.

Your Signature

Date

Spouse Signature

Date