

Monthly Household Income

	Applicant	Spouse/Other	For Office Use Only
Wages and Salaries	\$ _____	\$ _____	
Self Employment, net	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Retirement Income	\$ _____	\$ _____	
Veterans Benefits	\$ _____	\$ _____	
Unemployment Compensation	\$ _____	\$ _____	
Workers Compensation	\$ _____	\$ _____	
MVA/Liability Settlements	\$ _____	\$ _____	
Foster Care Income	\$ _____	\$ _____	
Strike Benefits	\$ _____	\$ _____	
Training Stipends	\$ _____	\$ _____	
Pensions/Annuities	\$ _____	\$ _____	
Public Assistance inc Supp Sec	\$ _____	\$ _____	
Alimony and Child Support	\$ _____	\$ _____	
Net Rental Income	\$ _____	\$ _____	
Interest and Dividend Income	\$ _____	\$ _____	
Gambling and Lottery Winnings	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Total Income	\$ _____	\$ _____	

If No Income -- Please explain how you manage to pay for food/shelter:

Household Expenses

	Monthly	Yearly	For Office Use Only
Rent/Mortgage	\$ _____	\$ _____	
Taxes	\$ _____	\$ _____	
Insurances (house/auto/life/med)	\$ _____	\$ _____	
Utilities	\$ _____	\$ _____	
Car Loan(s)	\$ _____	\$ _____	
Bank Loan(s)	\$ _____	\$ _____	
Credit Cards	\$ _____	\$ _____	
Medical Expenses/Medications	\$ _____	\$ _____	
Other Monthly Living Expenses	\$ _____	\$ _____	
Total Expenses	\$ _____	\$ _____	

I understand the information that I submit is subject to verification, which may include a credit history investigation by St. Joseph Healthcare. I certify that the information provided on the application is true and correct.

Signature of Applicant: _____ **Date:** _____