

**ASPEN VALLEY HOSPITAL
FINANCIAL ASSISTANCE DOCUMENT REQUEST CHECK LIST**

- 1. Financial Assistance Summary Application**
 - Completed
 - Signed (all pages)
- 2. Identification documents**
 - Colorado Driver's License or Photo Identification
 - Social Security Card and/or proof of immigration status
- 3. Income Verification**
 - Two consecutive most recent pay stubs
 - Unemployment award letter
 - Award letter for Social Security, pension, disability and other sources
 - If Self Employed or you receive Rent Income, year-to-date income & expense statement.
- 4. Signed Letter of Financial Support if you are receiving free room and board or other financial support from family, friends or others.**
 - Use separate Letter of Financial Support for each source
- 5. Copies of two most recent consecutive bank account statements:**
 - Personal Checking
 - Savings/Certificates of Deposit
 - Business Checking
 - IRA's
 - Liquid assets held in trust
- 6. Verification of Assets:**
 - County Real State Assessments for all property owned
 - Registrations for all vehicles owned (autos, motorcycles, boats, RV's, etc.)
- 7. Tax return information:**
 - Personal Tax Returns for most recent year or Form W-2 if taxes not yet filed
 - Business Tax Returns for most recent year
- 8. Other Documentation requested by Hospital Staff to complete your application.**
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- Please note:**
1. *Please provide legible copies of all documents*
 2. *Identification documents must be copied front and back*
 3. *Letter of financial support signed.*

All applicable information must be returned in two weeks upon application received or your application for financial assistance will not be considered.

I understand that all of the information on my application and supporting documentation must be true to the best of my knowledge or my application will be denied.

AVH Authorized Signature Date

Signature of Applicant Date