

## FINANCIAL HARDSHIP APPLICATION On With Life

### PERSON SERVED INFORMATION

<b>Name:</b>		<b>DOB:</b>	<b>Social Security Number:</b>	
<b>Home Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>		
<b>Number of Dependents in Household (including applicant):</b> _____ Adults _____ Children			<b>Date(s) of Service:</b>	
<b>Name of Person Completing Form (if not person served):</b>		<b>Relationship to Person Served:</b>	<b>Phone Number:</b>	

### EMPLOYMENT INFORMATION

<b>Person Served/Guarantor #1</b>	<b>Spouse/Guarantor #2</b>
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired   As Of: _____ <b>Employer:</b> (Include Name & Address)	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired   As Of: _____ <b>Employer:</b> (Include Name & Address)

### FINANCIAL DATA

<b>INCOME</b>	<b>Applicant (per month)</b>	<b>Co-Applicant (per month)</b>	<b>Combined Income (per month)</b>
Gross Wages, before taxes			
Social Security			
Disability Insurance			
Unemployment			
Spousal/Child Support			
Rental Property Net			
Interest/Dividends			
Self Employed Net			
Pension/Retirement			
Other Income			
<b>TOTAL INCOME ALL SOURCES:</b>			

  

<b>ASSETS</b>	<b>Applicant (per month)</b>	<b>Co-Applicant (per month)</b>	<b>Combined Income (per month)</b>
Cash on hand			
Checking Account(s) balance			
Savings Account(s) balance			
Mutual Funds current value			
Stocks/Bonds/CD's Current Value			
Primary Residence Assessed Value			
Other Property Assessed Value			
Auto #1 Value – make, model, yr			
Auto #2 Value – make, model, yr			
Recreational Vehicle(s) est. value			
Cash value of life insurance			
Cash value of pension			
<b>TOTAL ASSETS ALL SOURCES</b>			

<b>FINANCIAL DATA (continued)</b>			
<b>EXPENSES</b>	<b>Applicant (per month)</b>	<b>Co-Applicant (per month)</b>	<b>Combined Expense (per month)</b>
Rent/Mortgage Payment			
Utilities (electric/phone/gas/water)			
Insurance (medical, car, home, life)			
Food/Clothing			
Medical Obligations (hospital, clinic)			
Medications			
Child Care			
Child Support Payments			
Credit Card Payments			
Loan Payments (bank, school)			
Other Expenses			
<b>TOTAL EXPENSES ALL SOURCES</b>			
<b>PERSON SERVED ACKNOWLEDGEMENT &amp; SIGNATURE</b>			
I certify that the information I have provided is true and correct to the best of my knowledge. I understand that providing any false or misleading claims, statements or documents as well as any concealment of a material fact will result in immediate cancellation of any agreement previously made. I understand that I am obligated to notify On With Life of any significant change (\$200 or more per month) to the information above.			
<b>Signature of Person Served or Legal Representative:</b>	<b>Date:</b>	<b>Relationship to Person Served:</b>	

<b>DOCUMENTATION REQUIREMENTS</b>	
<p><b>Appropriate documentation of financial hardship requires the following:</b></p> <p><b>Income and Assets Documentation, including:</b></p> <ul style="list-style-type: none"> <li>• Last 3 months of check stubs or W-2</li> <li>• Last 3 months bank statements, investment reports</li> <li>• Last 3 months disability benefit letter</li> <li>• Decree for child support</li> <li>• Tax Return</li> </ul> <p><b>Evidence of additional circumstances that indicate financial hardship, such as:</b></p> <ul style="list-style-type: none"> <li>• Proof of outstanding debts (copies of bills, statements; late notices, etc.)</li> <li>• Proof of bankruptcy settlement (if applicable)</li> <li>• Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the Person Served would be unable to pay medical bills and still be able to pay for other basic necessary expenses.</li> </ul> <p><b>Additional items may also be requested.</b></p> <p><b>Please describe other circumstances to support your financial hardship:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<b>ON WITH LIFE STAFF USE ONLY</b>	
<b>Review Comments:</b>	
<p><b>Financial Hardship Verified?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Yes, percent reduction of current balance due :</b> _____ <b>Other:</b> _____</p>	
<b>Reviewers Name:</b>	<b>Signature:</b> _____ <b>Date:</b> _____

# FINANCIAL HARDSHIP APPLICATION WORKSHEET

## On With Life

### Staff Verification Use Only -- Income

Applicant	Co-Applicant
<input type="checkbox"/> 3 Months Check Stubs <b>OR</b> <input type="checkbox"/> W-2	<input type="checkbox"/> 3 Months Check Stubs <b>OR</b> <input type="checkbox"/> W-2
<input type="checkbox"/> SSI/SSDI Monthly Benefit Letter	<input type="checkbox"/> SSI/SSDI Monthly Benefit Letter
<input type="checkbox"/> 3 Months of Bank Statements	<input type="checkbox"/> 3 Months of Bank Statements
<input type="checkbox"/> Spousal/Child Support Decree	<input type="checkbox"/> Spousal/Child Support Decree
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Tax Return
<input type="checkbox"/> Investment Reports	<input type="checkbox"/> Investment Reports

### Staff Verification Use Only -- Expenses

<input type="checkbox"/> Proof of outstanding debts (bills/late notices) <input type="checkbox"/> Proof of bankruptcy settlement (if applicable) <input type="checkbox"/> Catastrophic situation or other documentation shows Person Served is unable to pay.	<input type="checkbox"/> Proof of outstanding debts (bills/late notices) <input type="checkbox"/> Proof of bankruptcy settlement (if applicable) <input type="checkbox"/> Catastrophic situation or other documentation showing inability to pay.
---	---

Eligibility is based on federal poverty guidelines for annual income, based on family size.

**2019 Federal Poverty Guidelines (Source: U.S. Dept. of Health and Human Services)**

Household/ Family Size	50%	*100%*	133%	138%	150%	200%	300%	400%
1	6,245	\$12,490	16,612	17,236	18,735	24,980	37,470	49,960
2	8,455	\$16,910	22,490	23,336	25,365	33,820	50,730	67,640
3	10,665	\$21,330	28,369	29,435	31,995	42,660	63,990	85,320
4	12,875	\$25,750	34,248	35,535	38,625	51,500	77,250	103,000
5	15,085	\$30,170	40,126	41,635	45,255	60,340	90,510	120,680
6	17,295	\$34,590	46,005	47,734	51,885	69,180	103,770	138,360
7	19,505	\$39,010	51,883	53,834	58,515	78,020	117,030	156,040
8	21,715	\$43,430	57,762	59,933	65,145	86,860	130,290	173,720
9	23,925	\$47,850	63,641	66,033	71,775	95,700	143,550	191,400
10	26,135	\$52,270	69,519	72,133	78,405	104,540	156,810	209,080

The amount of discount will range from 0% to 100% of the amount due on the account, based on a sliding scale determined by their annual income as it relates to the federal poverty guidelines.

Poverty Level	Discount Applied
At or below 150%	100%
151-165%	90%
166-180%	80%
181-195%	70%
196-210%	60%
211-225%	50%
226-240%	40%
241-255%	30%
256-270%	20%
271-285%	10%
286-400%+	0%

Results of Initial Application	
<b>Application Received Date:</b> <input type="checkbox"/> Approved <input type="checkbox"/> % discount approved	<b>Service Dates Effective For:</b> <input type="checkbox"/> Denied: Reason: <input type="checkbox"/> Missing POA <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete form <input type="checkbox"/> Verifications <input type="checkbox"/> Other: (specify) _____
Approved/Denied by: <input type="checkbox"/> CFO <input type="checkbox"/> Administrator <input type="checkbox"/> Executive Director <input type="checkbox"/> Other:	
Signature: _____ Date: _____	

Please submit all completed forms and documents to:

On With Life  
 Attn: Billing  
 715 SW Ankeny Rd  
 Ankeny IA 50023