

FINANCIAL HARDSHIP APPLICATION On With Life

PERSON SERVED INFORMATION

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

EMPLOYMENT INFORMATION

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

FINANCIAL DATA

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

ASSETS	Applicant	Co-Applicant	Combined Income
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			
TOTAL ASSETS ALL SOURCES			

FINANCIAL DATA (continued)			
EXPENSES	Applicant (per month)	Co-Applicant (per month)	Combined Expense (per month)
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			
TOTAL EXPENSES ALL SOURCES			

PERSON SERVED ACKNOWLEDGEMENT & SIGNATURE		
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.		
Signature of Person Served or Legal Representative:	Date:	Relationship to Person Served:

DOCUMENTATION REQUIREMENTS			
<p>Appropriate documentation of financial hardship requires the following:</p> <p>Income and Assets Documentation, including:</p> <ul style="list-style-type: none"> • Last 3 months of check stubs or W-2 • Last 3 months bank statements, investment reports • Last 3 months disability benefit letter • Decree for child support • Tax Return <p>Evidence of additional circumstances that indicate financial hardship, such as:</p> <ul style="list-style-type: none"> • Proof of outstanding debts (copies of bills, statements; late notices, etc.) • Proof of bankruptcy settlement (if applicable) • 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. <p>Additional items may also be requested.</p> <p>Please describe other circumstances to support your financial hardship:</p> <p>_____</p> <p>_____</p> <p>_____</p>			
ON WITH LIFE STAFF USE ONLY			
Review Comments:			
<p>Financial Hardship Verified? ____ Yes ____ No</p> <p>Yes, percent reduction of current balance due : _____ Other: _____</p>			
<table border="1"> <tr> <td>Reviewers Name:</td> <td>Signature:</td> <td>Date:</td> </tr> </table>	Reviewers Name:	Signature:	Date:
Reviewers Name:	Signature:	Date:	

FINANCIAL HARDSHIP APPLICATION WORKSHEET

On With Life

Staff Verification Use Only -- Income

Applicant	Co-Applicant
<input type="checkbox"/> 3 Months Check Stubs OR <input type="checkbox"/> W-2	<input type="checkbox"/> 3 Months Check Stubs OR <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.
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Eligibility is based on federal poverty guidelines for annual income, based on family size.

2020 Federal Poverty Guidelines (Source: U.S. Dept. of Health and Human Services)

Household Size	<u>100%</u>	<u>138%</u>	<u>150%</u>	<u>200%</u>	<u>250%</u>	<u>300%</u>	<u>400%</u>
1	\$12,490	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960
2	\$16,910	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640
3	\$21,330	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320
4	\$25,750	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000
5	\$30,170	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680
6	\$34,590	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360

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	
Application Received Date: <input type="checkbox"/> Approved <input type="checkbox"/> % discount approved	Service Dates Effective For: <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