

# 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 <input type="checkbox"/> Temporarily laid off due to Public Health Emergency As Of: ____/____/_____ <b>Employer:</b> (Include Name & Address)	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Temporarily laid off due to Public Health Emergency As Of: ____/____/_____ <b>Employer:</b> (Include Name & Address)

### FINANCIAL DATA

<b>INCOME</b>	<b>Applicant</b> (per month)	<b>Co-Applicant</b> (per month)	<b>Combined Income</b> (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			
<b>TOTAL INCOME ALL SOURCES:</b>			

<b>ASSETS</b>	<b>Applicant</b> (per month)	<b>Co-Applicant</b> (per month)	<b>Combined Income</b> (per month)
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>			

**FINANCIAL DATA (continued)**

<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>			

**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.

<b>Signature of Person Served or Legal Representative:</b>	<b>Date:</b>	<b>Relationship to Person Served:</b>
--	--------------	---------------------------------------

**DOCUMENTATION REQUIREMENTS**

**Appropriate documentation of financial hardship requires the following:**

**Income and Assets Documentation, including:**

- 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

**Evidence of additional circumstances that indicate financial hardship, such as:**

- 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.

**Additional items may also be requested.**

**Please describe other circumstances to support your financial hardship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ON WITH LIFE STAFF USE ONLY:**

*Review Comments:*

Financial Hardship Verified? \_\_\_\_\_ Yes \_\_\_\_\_ No

Yes, percent reduction of current balance due: \_\_\_\_\_ Other: \_\_\_\_\_

Reviewers Name:

Signature:

Date:

**FINANCIAL HARDSHIP APPLICATION WORKSHEET**  
**On With Life**

**Staff Verification Use Only -- Income**

**Applicant**

3 Months Check Stubs **OR**  W-2  
 SSI/SSDI Monthly Benefit Letter  
 3 Months of Bank Statements  
 Spousal/Child Support Decree  
 Tax Return  
 Investment Reports

**Co-Applicant**

3 Months Check Stubs **OR**  W-2  
 SSI/SSDI Monthly Benefit Letter  
 3 Months of Bank Statements  
 Spousal/Child Support Decree  
 Tax Return  
 Investment Reports

**Staff Verification Use Only -- Expenses**

Proof of outstanding debts (bills/late notices)  
 Proof of bankruptcy settlement (if applicable)  
 Catastrophic situation or other documentation shows Person Served is unable to pay.

Proof of outstanding debts (bills/late notices)  
 Proof of bankruptcy settlement (if applicable)  
 Catastrophic situation or other documentation showing inability to pay.

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

**2023 Federal Poverty Guidelines (Source: U.S. Dept. of Health and Human Services)**

Persons in Household	1	2	3	4	5	6	7	8
Poverty Guideline (annual)	\$18,754.00	\$25,267.00	\$31,781.00	\$38,295.00	\$44,808.00	\$51,322.00	\$57,835.00	\$64,349.00
Poverty Guideline (monthly)	\$1,563.00	\$2,105.00	\$2,648.00	\$3,191.00	\$3,734.00	\$4,277.00	\$4,819.00	\$5,362.00

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 (OFFICE USE ONLY)**

**Application Received Date:**

*Approved*

**Service Dates Effective For:**

*Denied:*

____ % discount approved	<i>Reason:</i> ____ Missing POA    ____ Income too high ____ Incomplete form    ____ Verifications ____ Other: (specify) _____
Approved/Denied by: ____ CFO    ____ Administrator    ____ CEO    ____ Other:	
<i>Signature:</i>	<i>Date:</i>

**Please submit all completed forms and documents to:**

On With Life  
 Attn: Finance Review Dept.  
 715 SW Ankeny Rd  
 Ankeny IA 50023