

LIFELIGHT OF MAINE FINANCIAL STATEMENT

PATIENT NAME LAST	FIRST	MI.	ACCOUNT NUMBER	PREVIOUS ADMISSION DATES
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A. APPLICANT

PATIENT NAME LAST	FIRST	MI.	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS
HOME ADDRESS	CITY	STATE	ZIP	HOW LONG	HOME PHONE ()
PREVIOUS ADDRESS (IF PRESENT IS LESS THAN 3 YEARS)			NAME OF NEAREST RELATIVE NOT LIVING WITH YOU / ADDRESS OF THAT RELATIVE		
EMPLOYER'S NAME AND ADDRESS			POSITION	YEARS THERE	BUSINESS PHONE ()
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)			POSITION	YEARS THERE	BUSINESS PHONE ()

B. SPOUSE / CO-APPLICANT

NAME LAST	FIRST	MI.	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS
HOME ADDRESS	CITY	STATE	ZIP	HOW LONG	HOME PHONE
EMPLOYER'S NAME AND ADDRESS			POSITION	YEARS THERE	BUSINESS PHONE

C. DEPENDENTS

YOU + SPOUSE + # OF CHILDREN + # OTHER DEPENDENTS = TOTAL DEPENDENTS

LIST NAME, AGE, AND RELATION: _____

D. GROSS INCOME

APPLICANT	PER YEAR	OTHER DEPENDENTS COMBINED	PER YEAR
Average Weekly Hours _____	Hourly Rate \$ _____	Weekly Hours _____	Hourly Rate \$ _____
	Weekly Salary \$ _____		Weekly Salary \$ _____
Overtime	\$ _____		\$ _____
Commissions	\$ _____		\$ _____
Dividends / Interest	\$ _____		\$ _____
Gross Rental Income	\$ _____		\$ _____
Business / Self-Employment	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Workers Compensation	\$ _____		\$ _____
Military / Pension	\$ _____		\$ _____
Unemployment Compensation	\$ _____		\$ _____
Food Stamp Income	\$ _____		\$ _____
Alimony / Child Support	\$ _____		\$ _____
Other _____	\$ _____	Other _____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

E. INCOME VERIFICATION

This application will be considered incomplete and will not be processed unless proof of income is attached. I have attached the following: (Please check)

FEDERAL INCOME TAX RETURN
 GOVERNMENTAL CHECK STUBS (VA/SSI/SOC. SEC./STATE)
 W-2/1099 FORM(S) (IF NO TAX RETURN FILED)
 OTHER _____
 THREE CONSECUTIVE PAY CHECK STUBS (LATEST)

F. ASSETS

CASH		CURRENT BALANCE	\$
SAVINGS ACCOUNT	BANK:	BANK:	CURRENT BALANCE \$
	CREDIT UNION:		CURRENT BALANCE \$
CHECKING ACCOUNT	BANK:	BANK:	CURRENT BALANCE \$
LIFE INSURANCE	COMPANY	FACE: \$	CASH VALUE \$
ANNUITIES			CURRENT BALANCE \$
STOCKS / BONDS			MARKET VALUE \$
CD'S	CERTIFICATES OF DEPOSITS:		CURRENT BALANCE \$
REAL ESTATE	HOUSE: YEARS OWNED:		PURCHASE PRICE \$
	OTHER: YEARS OWNED:		PURCHASE PRICE \$
	BUSINESS: YEARS OWNED:		PURCHASE PRICE \$
AUTO(S)	MAKE: YEAR:		PURCHASE PRICE \$
	MAKE: YEAR:		PURCHASE PRICE \$
OTHER VEHICLES	MAKE: YEAR:		PURCHASE PRICE \$
BUSINESS EQUIPMENT	TYPE:		\$
OTHER ASSETS			\$
			\$
			\$

G. EXPENSES / LIABILITIES

		MONTHLY PAYMENTS	BALANCE DUE
RENT	LANDLORD NAME:	\$	
HOUSE MORTGAGE	BANK NAME:	\$	\$
OTHER MORTGAGES		\$	\$
LOANS	BANK NAME:	\$	\$
	BANK NAME:	\$	\$
	FINANCE CO. NAME:	\$	\$
	CREDIT UNION:	\$	\$
CHARGE ACCOUNTS	STORE NAME(S):	\$	\$
OTHER BILLS	LIST NAMES:	\$	\$
		\$	\$
		\$	\$

ATTACH ANY COMMENTS TO FURTHER EXPLAIN YOUR FINANCIAL CONDITION.

I (or we) certify that all information herein is true and complete. I (or we) hereby authorize the Lifeflight of Maine, its agents, employees, to whom this application is made, or any credit bureau or other investigative agency employed by said Organization to investigate any references herein listed or statements or other data obtained from me (or us) or from any other person (or persons) pertaining to my credit and financial responsibility.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

DO NOT COMPLETE THIS SECTION: FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ RECEIVED BY _____

TOTAL ANNUAL GROSS INCOME \$ _____ NUMBER OF DEPENDENTS _____

CREDIT EXTENSION:

APPROVED STARTING _____ TOTAL PAYMENTS _____ FREQUENCY _____ AMOUNT \$ _____

DENIED REASON _____

OTHER _____

Signature _____ Date _____ Signature _____ Date _____