

**Instructions**

1. To be considered and qualify for financial assistance, complete this application, and mail it to: Alvarado Parkway Institute, 7050 Parkway Drive, La Mesa, CA 91942, Attn: Director of Patient Accounts or fax to (619) 667-6054.
2. Patients may call the Business Office at (619) 667-6187 for more information on financial assistance and/or assistance with the application process.

<b>RESPONSIBLE PARTY:</b>			
LAST NAME:		FIRST NAME,	MIDDLE INITIAL
PATIENT NAME (if other than responsible party)		PATIENT ACCOUNT #	
SPOUSE FULL NAME		NUMBER OF DEPENDENTS	
STREET ADDRESS		HOME PHONE	
CITY, STATE, POSTAL ZONE		WORK PHONE	
EMERGENCY PHONE #/RESPONSIBLE PARTY DATE OF BIRTH		RESPONSIBLE PARTY SOCIAL SECURITY #	
<b>RESPONSIBLE PARTY</b>		<b>SPOUSE</b>	
OCCUPATION		OCCUPATION	
EMPLOYER (IF SELF EMPLOYED, DESCRIBE BUSINESS)		EMPLOYER (IF SELF EMPLOYED, DESCRIBE BUSINESS)	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
SUPERVISOR'S NAME		SUPERVISOR'S NAME	
PHONE NUMBER	YEARS AT PRESENT JOB	PHONE NUMBER/	YEARS AT PRESENT JOB
<b>SALARY \$</b>	<b>HOURLY \$</b>	SALARY \$	HOURLY \$
<b>BIWEEKLY \$</b>	<b>MONTHLY \$</b>	BIWEEKLY \$	MONTHLY \$
<b>OTHER INCOME \$</b>	<b>SOURCE</b>	OTHER INCOME \$	SOURCE
<b>ASSETS</b>		<b>LIABILITIES</b>	
CASH ON HAND:	\$	REAL-ESTATE PAYMENTS:	\$
CHECKING ACCOUNT BALANCE:	\$	INS. PREMIUMS (AUTO, HOME, MEDICAL):	\$
SAVINGS ACCOUNT BALANCE:	\$	TAXES:	\$
CREDIT UNION ACT BALANCE:	\$	UTILITIES:	\$
PROPERTY OWNED VALUE:	\$	AUTO PAYMENTS:	\$
HOME (IF OWNED) VALUE:	\$	RENTAL PAYMENT (HOME/APT):	\$

VEHICLE(S) ESTIMATED VALUE:            \$	OTHER LIABILITIES
MAKE:	(PROVIDE DESCRIPTION):
MODEL:	
MAKE:	
MODEL:	
TRUST ACCOUNT(S):     \$	
ADDITIONAL INCOME:   \$	
<b>TOTAL ASSETS:         \$</b>	<b>TOTAL LIABILITIES:         \$</b>
BANK NAME:	BANK ACCOUNT NUMBER:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**PLEASE INCLUDE BANK STATEMENT AND LAST YEAR'S TAX RETURN**

I HEREBY DECLARE THE FOREGOING IS TRUE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF CALIFORNIA. I UNDERSTAND THAT A CREDIT REPORT MAY BE REQUESTED.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_