HEALTHWELL FOUNDATION®
When health insurance is not enough.®

Income Verification Statement

Upload COMPLETED FORM and supporting income documents through Portals or Fax to 800-282-7692

Patient Information

Patient's Name (First Name, Last Name): _____ ***Patient Phone #:*** _____

Date of Birth:_____ Last 4 of SSN: xxx-xx-_____ HealthWell Foundation ID: _____

Household Family Member Income Sources

PLEASE READ ALL INSTRUCTIONS ON THIS FORM PRIOR TO FILLING IT OUT.

Please list the income source and amounts of income for *ALL* family members *living in the household* (including the patient). If a family member, *living in the household*, does not contribute to the household income, please indicate zero in the amount field.

Family Member Name *LIVING IN HOUSEHOLD*	Relationship To Patient	Income Source	Amount	Frequency		
				Weekly	Monthly	Yearly
	Patient			☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

INCLUDE THE FOLLOWING TYPES OF INCOME, and any others not listed here, to depict the combined income of ALL family members *living in the household* (including the patient).

- ☐ 1. Wages
- ☐ 2. Investment Income
- ☐ 3. Rental Property Income
- ☐ 4. Interest Income
- ☐ 5. Unemployment
- ☐ 6. Alimony
- ☐ 7. Social Security Income (SSI)
- ☐ 8. Social Security Disability (SSID)
- ☐ 9. Pension
- ☐ 10. IRA
- ☐ 11. Dividends
- ☐ 12. Other Income (Please Explain): _____
- ☐ 13. Workers Compensation
- ☐ 14. Charities/Grants/Gifts
- ☐ 15. Aid to Families with Dependent Children (AFDC)
- ☐ 16. Temporary Aid to Needy Families (TANF)

Submission Instructions

PLEASE ATTACH SUPPORTING DOCUMENTATION FOR ALL INCOME SOURCES MENTIONED ABOVE. ***Important Note:*** *In addition to the required income documentation, you may also attach a list of monthly medical expenses.*

Upload completed form AND supporting income documents through Portals or Fax to 800-282-7692. If this form is submitted blank or incomplete, it will delay the income document review process.

Please be sure to include a copy of your 1040 tax return from the previous year and ensure that the second page of your 1040 form is signed. If you filed an extension, please include a copy of the signed IRS Form 4868 and your most recently filed 1040 tax return.

If the attached documentation does not reflect your current financial situation, please provide a letter explaining how your income changed and include the documents to confirm the extenuating circumstances.

By signing below, I certify the information provided above is true and that I have not neglected to inform the HealthWell Foundation of any additional income.

Patient Signature (REQUIRED) _____ **Date (REQUIRED)** _____