



P O BOX A  
 200 ELM ST N.  
 ONAMIA MN 56359  
 320-532-2655 or 320-532-2651

Please return by: _____
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**FINANCIAL ASSISTANCE APPLICATION**

Guarantor's # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_

**FAMILY INFORMATION:** Please list name and age of all persons living in household. If persons are over 18 please indicate if student and/or working.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME INFORMATION:**

Please provide a copy of the most current Tax Return and 2 months most recent pay stubs, social security, pension, child support, or any other income for all household income earners.

Employer: \_\_\_\_\_ Start date: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Start date: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

**Other Monthly income:**

Unemployment income: \$ _____	Social Security/VA: \$ _____
Pension/Retirement: \$ _____	Child/Spousal support: \$ _____
County/Government: \$ _____	Tribal Benefits: \$ _____
HSA/HRA, Flex: \$ _____	Other: \$ _____

Have you applied for Medical Assistance with your county? Yes\_\_\_ No\_\_\_(please check one)

If No, you must apply or call us for qualification requirements.

If Yes, what was the outcome? (If denied, attach copy of denial) \_\_\_\_\_

*It is required that you provide a copy of your two most recent bank statements.*

*The information above is correct to the best of my knowledge. If any details are false, MLHS has the option to terminate any discounts provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_