



# Ely-Bloomenson Community Hospital

328 West Conan Street • Ely, MN 55731-1198  
Phone: (218) 365-3271 • Fax: (218) 365-8777 • [www.ebch.org](http://www.ebch.org)

## Financial Assistance DIRECTIONS

*Please complete the entire application or it will not be processed.*

### 1. Have you applied for Medical Assistance?

- If you applied and were denied, send a copy of the denial letter.
- If you have not applied call the Health & Human Services Department for the county you live in. Ask if you meet the guidelines to apply for Medical Assistance.

### 2. Income

- Send copies of your paycheck stubs showing your gross income for the last 3 months.
- Send a copy of last year's Federal Tax Return (including Schedules D, E and F, if applicable) along with your application. If you are self-employed, send a copy of last year's Federal Tax Return along with your schedule C.
- If you have no job or income, you must show proof of how you pay rent, property taxes, utilities and how you buy food.
- If you are homeless, you must send a statement from a homeless shelter.
- Send information about the income of every adult living in your home. Include paycheck stubs or statement from their employer and last year's Federal Tax Return.
- You will need documentation of child support, foster care, interest income, social security, disability payments, unemployment income and pensions.
- Please send a letter from the county if you receive any cash, food or other help from the county.

### 3. Assets

- *Property:* Send copies of your property tax statement. It must show the fair market value of your home and all other property you own or rent. Send a copy of your most recent mortgage statement on any property you own. Also, list your monthly payments.
- *Vehicles & Other Property:* Please list all cars, trucks, all recreational vehicles including but not limited to motorcycles, boats, campers, snowmobiles, atv's in your household. List the make, year, estimated value and monthly payment on the application. Also include proof of your owing balance from financial institution.
- *Banking Information for all household members:* Send copies of your bank statements for the last three months. The statements must show deposits, withdrawals and balances of your checking and savings account. Do not send deposits receipts. We only accept statement copies.
- *Other Assets include:* IRA's and retirement accounts, Non-Retirement Investments (stocks, bonds, annuities, life insurance, mutual funds, etc.). Any other valuable property.



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## Financial Assistance APPLICATION

***Please complete the entire application or it will not be processed.***

- Answer all questions on the application.
- Attach copies of all required documents.
- Sign & date the application.

### GUARANTOR INFORMATION

Applicant Name: \_\_\_\_\_

Last

First

M.I.

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient Name: \_\_\_\_\_

(if different from applicant)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status:      Married              Single              Widowed              Divorced

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address & Phone#: \_\_\_\_\_

Have you Applied for Medical Assistance?              Yes              No

Was Medical Assistance Denied?              Yes              No  
Attach copy of written Medical Assistance denial letter if received

Do you have Health Insurance?              Yes              No  
Attach a copy of insurance Card

## HOUSEHOLD INFORMATION

List the name, date of birth, and relationship of every person living at your address. If a household member is over 18, please tell if this person is a fulltime student and give the name of the school enrolled.

| Name<br>(list all household members) | Date<br>Of Birth | Relationship<br>to Applicant | Employed<br>(Yes/No) | Student<br>(Yes/No) |
|--------------------------------------|------------------|------------------------------|----------------------|---------------------|
|                                      |                  |                              |                      |                     |
|                                      |                  |                              |                      |                     |
|                                      |                  |                              |                      |                     |
|                                      |                  |                              |                      |                     |
|                                      |                  |                              |                      |                     |

*Use separate sheet if need more room*

## INCOME INFORMATION

Please list monthly income of ALL household members. Attach copies of your paycheck stubs showing your **earnings for the last three (3) months**. Also attach a copy of each Household members last year's tax return. If you are self-employed, please also attach a copy of your schedule C along with your last year's tax return.

| Income Source per<br>Month   | Applicant | Household<br>Member | Household<br>Member | Household<br>Member |
|------------------------------|-----------|---------------------|---------------------|---------------------|
| Employment (Gross)           |           |                     |                     |                     |
| Interest Income              |           |                     |                     |                     |
| Social Security/ SSI         |           |                     |                     |                     |
| Disability                   |           |                     |                     |                     |
| Unemployment<br>Compensation |           |                     |                     |                     |
| Worker's Compensation        |           |                     |                     |                     |
| Pension(s)                   |           |                     |                     |                     |
| Child Support                |           |                     |                     |                     |
| Public Assistance            |           |                     |                     |                     |
| Military Pay                 |           |                     |                     |                     |
| Other                        |           |                     |                     |                     |
| Other                        |           |                     |                     |                     |

*Use separate sheet if need more room*

## ASSET INFORMATION

### PROPERTY:

Please list all land or property, such as lake property, land, property held on contract for deed, etc. Attach a copy of your most recent mortgage and property tax statements.

| Property | Own or<br>Rent | If Own,<br>How many<br>years? | Estimated<br>Value | Monthly<br>Payment | Loan<br>Balance |
|----------|----------------|-------------------------------|--------------------|--------------------|-----------------|
|          |                |                               |                    |                    |                 |
|          |                |                               |                    |                    |                 |
|          |                |                               |                    |                    |                 |
|          |                |                               |                    |                    |                 |
|          |                |                               |                    |                    |                 |

*Use separate sheet if need more room*

**VEHICLES/RECREATIONAL:**

Please list all AUTO'S (cars, trucks), all recreational vehicles including but not limited to campers, boats, motorcycles, snowmobiles, atv's in your household. Attach copies of the most recent statements (if applicable)

| Type of Vehicle | Year | Make/Model | Estimated Value | Monthly Payment | Loan Balance |
|-----------------|------|------------|-----------------|-----------------|--------------|
|                 |      |            |                 |                 |              |
|                 |      |            |                 |                 |              |
|                 |      |            |                 |                 |              |
|                 |      |            |                 |                 |              |
|                 |      |            |                 |                 |              |

*Use separate sheet if need more room*

**BANKING INFORMATION:**

Please list all savings and checking accounts for all household members. Attach a copy of your three most recent statements showing balances for each account. We only accept copies of your statements.

| Type of Account | Banking or Financial Institute Name | Current Balance |
|-----------------|-------------------------------------|-----------------|
|                 |                                     |                 |
|                 |                                     |                 |
|                 |                                     |                 |
|                 |                                     |                 |
|                 |                                     |                 |

*Use separate sheet if need more room*

**OTHER INVESTMENTS:**

Please list IRA's, 401K's, 403Bs, CDs, stocks, bonds, annuities, life insurance policies trust funds, mutual funds, etc. Attach copies of the most recent statement(s) showing the value of each investment listed.

| Type of Investment | Amount/Cash Value | Primary Account Holder |
|--------------------|-------------------|------------------------|
|                    |                   |                        |
|                    |                   |                        |
|                    |                   |                        |
|                    |                   |                        |
|                    |                   |                        |

*Use separate sheet if need more room*

I understand that the information provided is subject to verification. I certify that the information on this application is true and correct to the best of my knowledge. I agree to notify this organization promptly of any changes to the information in this document.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| For Business Office Use Only |             |               |             |
|------------------------------|-------------|---------------|-------------|
| DATE RECEIVED                | RECEIVED BY | DATE APPROVED | APPROVED BY |
|                              |             |               |             |