









**Corporate Office**

506 Campus Drive  
Hancock, MI 49930  
Phone: (906) 483-1705  
Fax: (906) 483-1394

**Income Verification**

Please provide proof of income for all members living within your household. Supporting documentation must show gross pay (total of income before any deductions), cover 4 consecutive weeks of pay and indicate the length of the pay period covered. Examples include:

- Most Recent Tax Return
- Check Stubs
- Social Security Income\*
- Disability Income
- Child Support
- Unemployment Income
- Pension
- Retirement Income

\*If you receive Social Security benefits, please provide the letter you received from the Social Security Administration stating the amount you receive each month. If you are unable to provide the letter, we will accept your last two months of bank statements showing the deposit along with a signed note stating the amount that is taken out for Medicare Part B & D.

**Households claiming zero income will be required to schedule an appointment with a Financial Counselor to determine eligibility.**

I verify that this information presented in this application to be true and accurate to the best of my knowledge and my signature below verifies that I am applying for a Sliding Fee Program discount. Furthermore, I understand that I am responsible for 100% of any charges incurred prior to being deemed eligible to receive a discount through the Sliding Fee Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Head of household

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse or other adult household member