



# FINANCIAL DISCLOSURE

Client's Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

## GUARANTOR INFORMATION

Guarantor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# of family members claimed on most recent Federal Income Tax Return: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## INCOME

Gross Yearly Household Income: Include income from all members that live in the same household and all forms of income (work, alimony, child support, dividends, etc.) \$ \_\_\_\_\_

Other household financial resources (stocks, savings, inheritance, etc.) \$ \_\_\_\_\_

## ATTACHMENTS

Please include most recent W-2 or your Federal Income Tax Return and your most recent paycheck stub(s)

## MISCELLANEOUS

Please include any other financial information that would be of importance in consideration of your request for a reduced fee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I attest that the information disclosed above is true and accurately reflects my current financial situation. I authorize Meier Clinics to obtain credit reports or other financial confirmation as they deem necessary to verify financial need. If my financial status changes, I will notify Meier Clinics immediately. I further acknowledge that I must update my information every six months for consideration of continued reduced fee services.**

Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MC STAFF USE ONLY

Location/Program: _____	Acct. #: _____	Amount Approved
Reviewed by: _____	Date: _____	\$ _____