

# Elko County Ambulance

540 Court Street, Suite 101  
Elko, NV 89801  
Phone: (800) 811-4045 Fax: (775) 201-1607

## APPLICATION FOR FINANCIAL HARDSHIP

Note: If you are married your spouse must also sign this form or the appropriate line in Section V must be checked.

### PERSONAL INFORMATION:

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

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

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_ WORK PHONE:( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

### FINANCIAL INFORMATION:

*I make the following representations to Elko County Ambulance:*

I) The following persons, other than myself, depend in whole or in part on me or my spouse for support:

	<u>Name</u>	<u>Age</u>	<u>Relation to me</u>	<u>Monthly Income</u>
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			

II) Total Household Income:

My monthly income after taxes is: \_\_\_\_\_

My spouse's monthly income after taxes is: \_\_\_\_\_

Other income (total monthly): \_\_\_\_\_

**Total Monthly Household Income:** \_\_\_\_\_

III) I, my spouse and other dependents own the following property:

Cash: \$ \_\_\_\_\_

Checking account(s) \$ \_\_\_\_\_  
Checking account number(s) \_\_\_\_\_  
Bank Name and City \_\_\_\_\_

Savings account(s): \$ \_\_\_\_\_  
Savings account number(s) \_\_\_\_\_  
Bank Name and City \_\_\_\_\_

Cars, Trucks, Boats worth approximately: \$ \_\_\_\_\_

Real Estate Equity: \$ \_\_\_\_\_

Other (stock, bonds, etc.) \$ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

**IV) Monthly household expenses are:**

Rent or House Payment: \$ \_\_\_\_\_

Food and grocery items: \$ \_\_\_\_\_

Utilities and Telephone: \$ \_\_\_\_\_

Insurance (life, health, dental): \$ \_\_\_\_\_

Auto/Transportation Expense: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

**V) My spouse has signed below or:  
(Check one)**

I have no spouse \_\_\_\_\_

My spouse and I are living separate and apart \_\_\_\_\_

**I declare under penalty of perjury under the laws pertaining to the State of Nevada that the foregoing is true and correct. I hereby grant permission to Elko County Ambulance and its authorized representatives to verify any and all information provided herein, including but not limited to bank balance information, credit history, and mortgage or rent information.**

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature Of Spouse: \_\_\_\_\_ Print Name: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

- 1. Most recent complete federal tax return.**
- 2. Your two (2) most recent payroll stubs.**
- 3. The most recent copy of your Checking and /or Savings account.**

