

Return with Proof of Income
Vuelva con la Prueba de Ingresos

DECLARACION FINANCIERA
FINANCIAL STATEMENT

Date (Fecha)
Medical Record #
(Numero de registro medico)

Form sections: Patient (Paciente), Responsible Party (Individuo responsable), Home Phone (Teléfono), Former Address (Dirección anterior), Responsible Party Job (Empleo del individuo responsable), Job Phone (Teléfono del empleo), Spouse Job (Empleo de su cónyuge), Soc. Sec. No. (No. de Seguro Social), Former Job (Empleo anterior), Income (before deductions) Ingreso (antes de las deducciones)

Income table with 14 categories: 1. Wages & Salaries, 2. Farm, Self Employment, 3. Welfare, 4. Social Security, 5. Unemployment, 6. Workman's Compensation, 7. Strike Benefits, 8. Vet's Benefits, 9. Training Stipends, 10. Alimony & Support, 11. Military Allotments, 12. Support from family, 13. Pensions & Retirement, 14. Dividends, Interest, etc.

Buying Home/Renting, Landlord or Holder, Home Value, Monthly Payment

Bank Reference, Account Number, Checking/Savings

Table with columns: Creditors (Acreedores), Description (Descripción), Monthly Payment (pago mensual), Balance. Includes rows for Electric, Gas, Food, Telephone, Miscellaneous, and a TOTAL row.

Personal Assets (Bienes Personales)

Relatives or Friends (Parientes o Amistades), Name, Address, Phone