



Michael's House Income Verification Application

Date: _____ Name: _____

Address: _____

Are you currently employed? YES ___ NO ___

Employer: _____ Weekly income: _____

How do you get paid: Weekly: ___ Bi-Weekly: ___ Monthly: ___

Do you receive unemployment? YES ___ NO ___

Amount: _____ Per week: _____ Month: _____

How long will continue to receive Unemployment: _____

Do you receive disability? YES ___ NO ___

Amount: _____

Do you receive Social Security or SSI? YES ___ NO ___

What benefits: _____ Amount: _____

Do you have any other income? YES ___ NO ___

What kind of income: ex. retirement, annuity, pension...

Income type: _____ Amount: _____

Do you currently have any available cash (for initial payment)?

YES ___ NO ___ Amount: _____

Do you have any Family / Friends that are willing to help pay for your treatment? YES ___ NO ___

If so what is the relationship: _____ Amount: _____

Signature: _____