

NEIGHBORHOOD HEALTH CENTER

SLIDING FEE DOCUMENTATION CHECKLIST FOR ELIGIBILITY

Applicant's Name _____ Application Date _____

Your application cannot be completed until all required documents are received.

PROOF OF RESIDENCE*- You must show ONE of the documents listed below to document your home address. Photocopies are acceptable.

*** FOR CHILDREN, BIRTH CERTIFICATES, SCHOOL REPORT CARDS OR FEDERAL TAX RETURN SHOWING THEM AS DEPENDENTS ARE THE ONLY ACCEPTABLE PROOF FOR CHILDREN**

RESIDENCY/HOME ADDRESS (*this must match the home address on your application, and the proof must be dated within 2 months of the application*)

- | | |
|---|--|
| NYS ID card with address | Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box) |
| Driver's license | Utility bill (gas, electric, cable), bank statement or correspondence from a government agency which contains name and address from landlord |
| Property tax records or mortgage statement | |
| Letter/lease/rent receipt with home address | |

PROOF OF CURRENT HOUSEHOLD INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated within the last 2 months, and include the employees name and show gross income for the pay period.

Wages and Salary <ul style="list-style-type: none"> <input type="checkbox"/> Paycheck stubs (4 consecutive weeks) <input type="checkbox"/> Letter from employer, signed and dated on company letterhead <input type="checkbox"/> Income tax return - W-2** <input type="checkbox"/> Business records 	Social Security <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from Social Security Administration 	Child Support/Alimony <ul style="list-style-type: none"> <input type="checkbox"/> Letter from person providing support <input type="checkbox"/> Letter from court <input type="checkbox"/> Child support/alimony check stub
Self-Employment <ul style="list-style-type: none"> <input type="checkbox"/> Signed and dated income tax return and all Schedules** <input type="checkbox"/> Records of earnings and expenses 	Unemployment Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from NYS Department of Labor 	Interest/Dividends/Royalties <ul style="list-style-type: none"> <input type="checkbox"/> Statement from bank, credit union or financial institution <input type="checkbox"/> Letter from broker <input type="checkbox"/> Letter from agent
Veteran's Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award Letter <input type="checkbox"/> Benefit check stub <input type="checkbox"/> Correspondence from Veterans Administration 	Worker's Compensation <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub 	Income from Rent or Room & Board <ul style="list-style-type: none"> <input type="checkbox"/> Letter from roomer, boarder, tenant <input type="checkbox"/> Check stub
Private Pensions/Annuities <ul style="list-style-type: none"> <input type="checkbox"/> Statement from pension/annuity 	Military Pay <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub 	Support from Other Family Members <ul style="list-style-type: none"> <input type="checkbox"/> Signed statement or letter from family member

****W-2s or income tax returns for other than self-employed may be used for applications prior to April of the following year. If later, you must include another form of documentation.**

Dependents: We consider household income based on IRS dependency guidelines. You may not list a dependent here if you would not be able to include them on your tax return. Reference (<http://www.irs.gov/taxtopics/tc354.html>)