



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Do you receive any government low-income subsidies, such as SSI, SNAP, Texas CEAP, NSLP, WIC, TANF, Ector County Welfare?

SSI:	Yes	No
SNAP:	Yes	No
Texas CEAP:	Yes	No
NSLP:	Yes	No
WIC:	Yes	No
TANF:	Yes	No
Other _____	Yes	No

If you answered yes to anything listed in Section I, do not complete Section II.

H. Annual Income

Please list all family members (including you). Family members include the applicant, their spouse, and children (natural or adoptive) under the age of 18 living in the home along with the applicant. Income includes gross (pretax) wages, rental income, unemployment compensation, Social Security benefits, public assistance, etc.

Family Members	Age	Relationship to Patient	Source of Income or Employer Name	Income for 3 months prior to date of service	Income for 12 months prior to date of service
1.					
2.					
3.					
4.					
5.					
6.					

Average Patient/ Family income _____

* Must attach proof of income

By my signature below, I certify that I have carefully read this application and that everything I have stated or provided in any attachment is true and correct to the best of my knowledge and belief. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Patient/Guarantor Signature: _____ **Date Completed:** _____

If you have questions or need assistance with this application, please call the TTUHSC Permian Basin Business Office at 432-703-5042.