

HOSPITAL SERVICES, INC.

APPLICATION FOR PAYMENT ARRANGEMENTS

General Instructions

You are applying for an arrangement to satisfy your account balance assigned to our office. Your answers will largely determine your monthly payment and must be complete, clear, and correct. If they are not, the form will be returned to you for more information. Your answers must give a true and complete statement of facts. You could be asked to prove the accuracy of all your statements.

Attach a copy of your latest FEDERAL INCOME TAX RETURN and EMPLOYEE PAY STUB.

I have attempted to obtain financing through a lending institution of my choice Yes No

PAYMENT PROPOSED AMOUNT \$ _____ PAYMENT DUE DATE _____

Name	Spouse/Roommate
Social Security #	Social Security #
Date of Birth	Date of Birth
Address	Address
City State Zip	City State Zip
Phone #	Phone #
Employer	Employer
Address	Address
City State Zip	City State Zip
Phone #	Phone #
Title	Title
If unemployed, list Occupation	If unemployed, list Occupation
If laid off, expected date of return	If laid off, expected date of return
Income	
Gross Pay - Monthly/Weekly/Biweekly (circle)	Gross Pay - Monthly/Weekly/Biweekly (circle)
Child support/alimony	Child support/alimony
Land/Rental property Rent	Land/Rental property Rent
Other income (explain)	Other income (explain)
Dependants	
Name/Date of birth	Name/Date of birth
Name/Date of birth	Name/Date of birth

Banking Information

Name on Account _____ Checking or Savings (circle one)
 Bank Name and City _____ Account # _____
 Name on Account _____ Checking or Savings (circle one)
 Bank Name and City _____ Account # _____

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Monthly Living Expense Form

Category	Monthly amount	Category	Monthly amount
HOUSING		PRIORITY PAYMENTS	
Mortgage or Rent (circle one)	\$	IRS/State Tax arrangements	\$
Lot rent	\$	Student Loans	\$
Other (Explain)	\$	Other (Explain)	\$
UTILITIES	\$	CHILDREN EXPENSES	
Electricity	\$	Child support Alimony	\$
Gas or heating		Daycare/babysitters	\$
Water/sewer/trash	\$	Other (Explain)	\$
Telephone	\$	INSURANCES	\$
TRANSPORTATION	\$	Health/Dental Insurance	\$
Car payment	\$	Auto Insurance	
Other (Explain)	\$	Other (Explain)	\$
GROCERIES/MEALS	\$	HEALTH COSTS	\$
Groceries	\$	Medical	\$
School lunches		Prescriptions	
Other (Explain)	\$	Subtotal	\$
Subtotal	\$	Grand Total	\$

Vehicle

Make	Model	Year	Lienholder
Make	Model	Year	Lienholder

References

Please provide at least 2 friends/relatives.

Name of Friend/Relative	Relationship	Address	City/State	Phone

I certify that the information given by me on this form is correct and complete.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____