

**McLaren Print System Order**

Order No: 42967  
Order Date: 2019-02-19  
User: TINA PLAUTZ  
Phone: 248-674-2259

Ship Location: **MCLREN OAKLAND WATERFORD MEDICAL ASSOCIATES**  
3560 PONTIAC LAKE RD  
WATERFORD, MI 48328

Brochures  
Quantity: 100  
Paragon Dept No: 73000  
Dept Name: Waterford Medical Associates  
Company Number: 310

Order Total Price: 0.00

Item Number: MHCC-544  
Item Description: Income Verification Form  
Revision Date: 8/2106  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Misc Info: ss; color or black



This form should only be used when the applicant for Financial Assistance lists no income.

All fields on this form must be completed for the form to be valid.

Applicant Name:	Applicant Current Address:
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Applicant Income Verification

I, \_\_\_\_\_, certify that I have no earned or unearned income. I give McLaren Health Care permission to verify this statement. I understand that if McLaren Health Care finds that I have earned or unearned income, I will be disqualified from receiving financial assistance.

I am currently being supported by (list how you are meeting basic expenses, food, clothing, shelter, including the names of all individuals providing support):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that a representative from McLaren Health Care may contact the individuals listed above to verify the information provided.

Signature

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Spec Info:**