

McLaren Print System Order

Order No: 67886
Order Date: 2022-02-23
User: Debra Burley
Phone: 989-672-5156

Ship Location: McLaren Caro Region Registration
401 North Hooper Street Attention Debra
Caro , MI 48723

Brochures
Quantity: 100
Paragon Dept No: 10500
Dept Name: MCR Registration
Company Number: 10

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.

Spec Info:

Signature

Applicant Signature: _____
Printed Name: _____
Date: _____