



## **VERIFICATION REQUIREMENTS CHECK LIST**

### **For All Household Members**

#### **AFFIDAVIT (always required)**

**Please include a self-written affidavit explaining why it is that you are applying for financial assistance with Lowell General Hospital. Be sure to sign and date.**

#### **CITIZEN OR IMMIGRANT**

- Birth Certificate, US Passport, Resident Alien Card or Visa
- Driver's License or other form of picture ID
- School ID or signed affidavit for children not issued a school ID or not yet in school

#### **INCOME**

- EMPLOYED-Two current paystubs for each employed family member
- EMPLOYED (no paystubs received)- affidavit from employer on company letterhead stating either GROSS hourly wage or GROSS weekly wage/salary and number of hours worked per week. Affidavit must state specific GROSS wage and hours worked. Must be signed and dated.
- SELF EMPLOYED- Current COMPLETE Federal tax forms
- UNEMPLOYED W/INCOME- If income is weekly or biweekly 2 paystubs must be submitted. If income is monthly must be statement indicating as such.

#### **BANK STATEMENTS**

- Provide most current bank statement

#### **TAX RETURN**

- Copy of most recent tax return and W2

#### **HEALTH INSURANCE**

- Copy of health insurance cards for each insured person (both sides)
- Cost of health insurance coverage (paystub or premium bill)