



**APPLICATION AND DISCLAIMER**  
 UMH-Sparrow Financial Assistance Program  
 1215 E. Michigan Ave  
 Lansing, MI 48912  
 517.364.6060

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

Applicant Phone Number: \_\_\_\_\_

Patient Information		
First Name (s)	Last Name (s)	Date (s) of Birth

Thank you for your interest in our UMH-Sparrow Financial assistance program (SFAP). Enclosed is the application and disclaimer form. The following information is a check list of documents needed from you. If married, be sure to include documents from your spouse. You may also be asked to include documents from other household members.

✓	Required Documents
	Most recent Federal Income Tax – Form 1040 pages 1 & 2 only (Include W2s or 1099s) <ul style="list-style-type: none"> <li>• If claimed on another’s taxes, send that person’s tax information</li> </ul>
	Recent copy of pay stub (s) with year-to-date earnings
	Other income documents such as, but not limited to: <ul style="list-style-type: none"> <li>• Social Security income</li> <li>• Child support</li> <li>• Alimony</li> </ul>
	Current bank statement (s) for checking and savings accounts (if married, joint and separate accounts)
	Copy of your ID (Driver’s license, state, or military ID)
	Retirement statements (IRA/401K/Pension)
	Verification of Basic Needs if no income

To return your application and documents:

- Mail information to:
  - UMH Sparrow, Financial Counseling, 1215 E. Michigan Ave, Lansing, MI 48906
- Fax information to 517 364 2186

For questions, you can reach your SFAP Financial Counselor at 517.364.6060.



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Financial Information: *Must provide verification				
Monthly Income	Applicant	Spouse (other)	Applicant	Spouse (Other)
*Employment	\$	\$	*Checking Account	*Checking Account
			<input type="checkbox"/> If none, check here	<input type="checkbox"/> If none, check here
			<input type="checkbox"/> If joint, check here	
*Social Security	\$	\$	*Balance \$	*Balance \$
*Pension/Annuities	\$	\$		
*Other Income	\$	\$	*Savings Account	*Savings Account
			<input type="checkbox"/> If none, check here	<input type="checkbox"/> If none, check here
			<input type="checkbox"/> If joint, check here	
			*Balance \$	*Balance \$
*IRA / 401K	\$	\$		

Household information		
Household is defined by who is included on a single tax return		
Name:	Relationship:	Age:



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**Disclaimer**

We may obtain a credit report to verify the information above and per privacy laws, will not share this with outside parties. Your signature on this application indicates your knowledge of and approval for the use of this report and says that you are providing correct information about your earnings, finances, income, property and insurance coverage. If any of the information on your application changes, you are responsible for immediately updating your information with UMH-Sparrow. Failure to report changes, or if there is fraud or abuse, UMH-Sparrow can disqualify you from the SFAP program and hold you responsible for medical costs that were covered under SFAP.

We may place a lien interest on any future lawsuits, pending lawsuits, or reimbursement policies (i.e. AFLAC) for services related to the reimbursement that you receive while covered by SFAP.

\*Please initial here to indicate that you have read and understand this disclaimer: \_\_\_\_\_

Applicant or Legal Guardian Signature: \_\_\_\_\_

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

**\*\* In order to process your application in a timely manner, please return as soon as possible.\*\***

This application will be used by UMH-Sparrow to assist you with resolving your financial obligation. All information in the application will be kept confidential.



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**Basic Needs Documentation**  
**Please Complete if you are reporting zero income.**

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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Initial Each Section and Sign where indicated:**

\_\_\_\_ I currently receive no income

Income includes, but is not limited to - employment wages, disability payments, unemployment compensation, pension, annuities, rental income, or social security.

\_\_\_\_ My basic needs (food, clothing, and shelter) are being met by:

\_\_\_\_\_

(List name of individual or agency that is supplying basic needs).

\_\_\_\_ I give UMH-Sparrow authorization to verify that my basic needs are being met by the individual or agency listed above.

\_\_\_\_\_

Patient or Representative Signature

\_\_\_\_\_

Date