

**Massachusetts Eye and Ear Infirmary
Financial Assistance Application
Checklist**

Instructions: To assist you in gathering documentation to support your Financial Assistance Application, please indicate which of these documents are available to you or apply to your situation, and provide those that do apply to you with your application.

Name: _____

Document	I have this	I will provide this later	I don't have this or it doesn't apply
Government issued picture ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income: 2 consecutive pay stubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Award letters or other statements supporting other income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most recent federal tax return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assets: Current statements for each account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expenses: Medical expense statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing expense statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of extraordinary financial Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Medicaid denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide copies only; do not provide originals