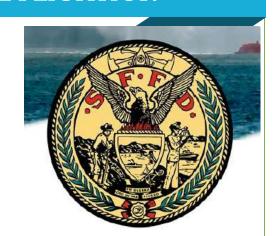
FINANCIAL HARDSHIP PROGRAM APPLICATION

City and County of San Francisco San Francisco Fire Department EMS Ambulance Billing P.O. Box 059745 Los Angeles, CA 90074-9745



PROGRAM ELIGIBILITY:

Must have a gross family household income at or below 300% Federal Poverty Level (FPL).

Annual Income to Meet 300% FPL

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------|----------|----------|----------|----------|-----------|-----------|
| Annual Income | \$43,740 | \$59,160 | \$74,580 | \$90,000 | \$105,420 | \$120,840 |

More information on FPL can be found on https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-quidelines

INSTRUCTIONS FOR APPLYING:

- · Complete and sign this application.
- Provide income documentation, including:
 - ☐ Your Federal Income Tax Return (prior year)
 - ☐ Your two (2) most current pay stubs (if married, include spouse's pay stubs) OR Affidavit of Income
- Submit your application and verification documents to:

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IMPORTANT NOTES:

• If insurance payment was sent directly to insurer, the application will not be considered until insurance payment is remitted to SFFD.

| Date of Birth: | Account #: | | | |
|--|--|--|--|--|
| Address: | City: | | | |
| State: | Zip Code: | | | |
| Phone #: | Email: | | | |
| # of Household Members: | # of Dependents: | | | |
| Total Monthly Income (Gross) \$ | (If married, provide combined gross income) | | | |
| What kind of health insurance do you have? | Policy#: | | | |
| If you are unable to provide a required document, | , please state document and reason why: | | | |
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| If there are any extenuating circumstances that w | rill impact the review of the application, please explain: | | | |
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| will be verified. I understand that the information will be us | st of my knowledge. I understand that the information I have provided sed to screen for eligibility. I understand that if my information is foun any fee for medical services received from San Francisco Fire | | | |
| will be verified. I understand that the information will be us to be false, I will be held responsible for the full amount of | sed to screen for eligibility. I understand that if my information is foun | | | |
| will be verified. I understand that the information will be us to be false, I will be held responsible for the full amount of | sed to screen for eligibility. I understand that if my information is foun | | | |