

**Wabash General Hospital
Income Verification**

1. Current Federal income tax form (must be signed) _____

2. W-2's and/or 1099's, Current pay stubs _____

3. Report all **Untaxed** income received by you (and your Spouse).

1. Child support received for ALL children in household. No ___ Yes ___, Amount _____

2. Any untaxed Social Security Benefits not reported on tax return. No ___ Yes ___, Amount _____

3. Welfare or State Temporary Assistance No ___ Yes ___, Amount _____

4. Any untaxed portions of retirement & Pension benefits or gross distributions not Reported on tax return. No ___ Yes ___, Amount _____

5. Workers Compensation No ___ Yes ___, Amount _____

6. Railroad Retirement Benefits No ___ Yes ___, Amount _____

7. Disability/Black Lung Benefits No ___ Yes ___, Amount _____

8. Verterans Non-educational Benefits No ___ Yes ___, Amount _____

9. Housing/Living Allowances (Military, Clergy) No ___ Yes ___, Amount _____

10. Monetary gifts from relatives and friends. No ___ Yes ___, Amount _____

Signature of applicant

Date