

## **CHECK LIST FOR LSHA FINANCIAL ASSISTANCE APPLICATION**

Name \_\_\_\_\_

### **1. PROOF OF RESIDENCY**

You must be a resident of **Columbia County for 90 days.**

Please provide a document dated (90) days old but not over (1) year old. Examples: old hospital bill, electric bill, pharmacy printout, etc. **All documentation presented for proof of residency must show name, same address as Financial Status Form.**

### **2. IDENTIFICATION**

- Florida Drivers License/FL Identification card  
(No out of state identification will be accepted)

OR two of the following:

- (1) Birth Certificate
- (2) Voter's registration card
- (3) Alien registration card
- (4) Affidavit of Identification (notarized)

### **3. INCOME: Please bring **ALL** that apply to you!!**

- Most recent tax return, 1040 (including supporting schedules) and W-2's for all wage earners in household
- Pay stubs for previous 12 weeks or Income Verification form-employer
- Bank Statements (previous 3 months for all accounts) (include all pages)
- Medicaid Denial Letter or Medicaid application/case number
- Unemployment/Workers Comp Statement
- Child Support/Alimony
- Social Security Benefits for any family member
- Pensions/Retirement/Interest/
- Veterans Benefits
- Any settlements, court ordered or otherwise
- Other appropriate supporting documents
- Self Employment
  - a. Bank statements for all business accounts (3 mos.)
  - b. Previous Year's Business Tax Return (complete w/attachments/schedules)
  - c. Current Business Financial Statements
- Assets
  - a. Checking and Savings accounts
  - b. Equity value of real property other than homestead
  - c. Cash surrender value of life insurance if combined face value of all policies owned by the family unit exceeds \$1500.
  - d. Additional automobiles, motorized vehicles, motorcycles
  - e. Recreational vehicles

**PLEASE FILL OUT ENTIRE APPLICATION  
DO NOT TURN IN AN APPLICATION WITH BLANK SPACES**