

## Asset Questionnaire

Does the household member have any:	Circle Yes or No	Amount	Household Member
CHECKING ACCOUNTS	Yes / No	\$	
	Yes / No	\$	
	Yes / No	\$	
SAVINGS ACCOUNTS	Yes / No	\$	
	Yes / No	\$	
	Yes / No	\$	
CERTIFICATE OF DEPOSITS	Yes / No	\$	
MONEY MARKET FUNDS	Yes / No	\$	
STOCKS/BONDS/TREASURY BILLS	Yes / No	\$	
TRUST ACCOUNTS	Yes / No	\$	
IF YES, IS IT IRREVOCABLE?	Yes / No	\$	
CASH HELD IN SAFETY DEPOSIT BOXES	Yes / No	\$	
ANY OTHER LIQUID ASSETS	Yes / No	\$	
OTHER INVESTMENTS	Yes / No	\$	

Have you received any lump sum payments such as the following:	Circle Yes or No	Amount	Household Member
INHERITANCES	Yes / No	\$	
LOTTERY OR OTHER WINNINGS	Yes / No	\$	
INSURANCE SETTLEMENTS	Yes / No	\$	
WORKERS COMPENSATION SETTLEMENTS	Yes / No	\$	
SS DISABILITY SETTLEMENTS	Yes / No	\$	
VA DISABILITY SETTLEMENTS	Yes / No	\$	
SEVERANCE PAY	Yes / No	\$	
CAPITOL GAINS	Yes / No	\$	
OTHER	Yes / No	\$	

**\*This form is required to process your application for financial assistance with Spartanburg Regional Healthcare System. Please provide the most recent month's financial document (i.e., Bank Statement) to support any assets listed above.**

By signing, I certify that the information given in this application is true and complete to the best of my knowledge; and I hereby authorize the release of any information required to determine my eligibility for the SRHS patient Financial Assistance Program.

Applicant's Signature:

Date:

SRHS Patient Financial Assistance Program  
Patient Financial Services  
101 East Wood Street  
Spartanburg, SC 29303

If you need assistance, please call Customer Service at 864-596-1001