

# Milford Ambulance Service

## Hardship Form

Name:	Today's Date:
Phone Number:	
Mailing Address:	

### Transport Account Information:

Date of Transport <u>OR</u> Date Range:
Total Number of Accounts:
Total Amount Paid:
Total Amount Requesting Abatement:

**Please fill out the information in this packet to the best of your ability. In order to process your abatement request efficiently, please provide any supporting documents as well as your most recent monthly bank statements.**

**Have you been approved for any of the below hardship processes in the past year? Please provide dates and supporting documents.**

Fuel Assistance:	Property Tax Exemption:	Rent/Mortgage Assistance:
Hospital Approved Hardship:	Low/Fixed Income Housing:	Other:

Please list all of your monthly household incomes including government assistance.

Income Source i.e.: Employer; pension; Social Security	Monthly Amount i.e.: \$1000

Total Monthly Income \$: \_\_\_\_\_

Please list your monthly expenses:

Expense:	Monthly Amount:

Total Monthly Expenses \$: \_\_\_\_\_

Please use this page to add any other information you would like us to know.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CERTIFICATION:

I hereby certify the information provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets and needs.

I understand I have to provide documents and/or other forms of verification to support the information asked for on this form.

I understand that if I knowingly give false information or withhold information related to my receipt of hardship, I may be prosecuted for a crime.

Signature

Date