

Dialysis *Income Declaration Form*

Dear Applicant or Dialysis Center employee:

Please complete this preliminary income information form to assist our staff in determining which funding source will assist with the dialysis transportation need. Our caseworker will call you with additional questions or to request proof of income as required by some funding sources. Completing this application does not guarantee the applicant will receive dialysis transportation. Due to the high demand for this service, the applicant may be placed on a *Waiting List*.

The completed form should be returned to SEN-HAN Transit, 146 Black Horse Pike, Mt. Ephraim, NJ 08059 or can be faxed to (856) 456-1076.

Dialysis Staff Person with Phone Number:	Date of Application:
Name of Applicant	Applicant's Social Security #:
Name of Spouse:	Spouse Social Security #:
Dialysis Center:	
Indicate Current Days of Treatment	Shift Start Time: Shift End Time:

INCOME OF APPLICANT AND SPOUSE
(GROSS INCOME IF EARNED INCOME, AMOUNT BEFORE TAXES)

	APPLICANT PER MONTH	SPOUSE PER MONTH	COMBINED QUARTERLY	COMBINED YEARLY
SOCIAL SECURITY Do not include Medicare				
SSI				
VETERANS PENSION				
SALARY EARNED				
WORKERS COMPENSATION				
PENSIONS/ANNUITIES				
DIVIDENDS & INTEREST PAYMENTS				
INCOME FROM TRUST AND ESTATES				
RENTAL INCOME OR ROYALTIES				
OTHER (DESCRIBE)				
TOTAL				