



Discount Program Application

841 Central Street Franklin, NH 03235
(603) 934-1464

22 Strafford Street Laconia, NH 03246
(603) 366-1070

Patient Information

Name: _____

Physical Address: _____ City: _____ State/zip: _____

Mailing Address (if different than above): _____

Home #: _____ Cell#: _____ Work#: _____

Household Income

Please indicate all people living in the household, including applicant:

Name	Relationship to patient	Date of Birth	Monthly income	*Source of income
1) _____	Self	/ /	\$ _____	_____
2) _____		/ /	\$ _____	_____
3) _____		/ /	\$ _____	_____
4) _____		/ /	\$ _____	_____
5) _____		/ /	\$ _____	_____

Documents requested

Documentation includes, but is not limited to:

- Four (4) of the most recent paystubs
- Most recent unemployment checks
- Proof of other household income (Social Security, pension, etc.)
- Current bank statements showing direct deposits
- Most recent income tax return or W-2 if no other current income proof is available

Patients may request a "Self Declaration Form" which can substitute for all requested documents.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____