



## Appointment Reminder

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Site: \_\_\_\_\_

With: \_\_\_\_\_

Dear Mr./Ms. \_\_\_\_\_ :

The following verification is needed when applying for an assistance program. If you are married, you must provide verifications for both you and your spouse. Please have these materials available for your **appointment**. If you have any questions or need to cancel or reschedule your appointment, please call us at - \_\_\_\_\_ . Thank you!

### One Piece of Personal Identification

- Driver's License **OR**
- State ID **OR**
- U.S. passport, Certification of Naturalization, or Certificate of U.S. Citizenship

- Social Security number (Card not required)**

### Proof of Income

- Pension/annuity statement
- Veterans benefits (Call 1-800-827-1000 for VA paperwork)
- Employment income, tax returns for self-employment, workers' compensation

### Household Expenses – Bills or Receipts Only

- Utility bills received within past 30 days:
  - Heat, electric, water, sewer, garbage
  - Propane (most recent bill)

### If Renting:

- Rental agreement or contract

### If Homeowner:

- Mortgage statement
- Property tax bills for past year (summer and winter)
- Homeowner's insurance for entire year

### Assets – Proof of Ownership

- Bank and/or Credit Union statements for savings, checking, draft and money market accounts (within last 30 days)
- Trust/annuity document or statement
- Stocks, bonds: written statement from broker or company, or listing in current newspaper
- Life insurance policy
- Any vehicles (car, truck, motorcycle, snowmobile, camper, trailer, boat) - title **OR** registration
- Burial/pre-paid funeral funds or contracts

### Medical Expenses Paid Out-of-Pocket (Past 90 Days)

- Health and drug insurance cards
- Prescription receipts (Call your pharmacy for a list)
- Over the counter medications approved by your doctor receipts (ex: Aspirin)
- Health and drug insurance premium bills
- Doctor, dentist, hospital, or nursing home bills or receipts
- Glasses, dentures, hearing aids, medical supplies and equipment bills or receipts
- Home health aide, housekeeper, home help provider, child care bills or receipts
- Transportation mileage or receipts
- Lodging for medical treatment receipts
- Any other medical expense bill or receipt