



Westchester Medical Center

Westchester Medical Center Health Network

Financial Assistance Program

Valhalla (914) 493-7830 Poughkeepsie (845) 483-5406

Proof of Identity (bring at least ONE for all people in household)

Passport
Permanent Resident Alien Card (Green Card)
Birth Certificate for all members in the family including children under 21 years old
Employment Authorization Card
Driver License
Photo ID for Spouse / Common-Law Partners

Proof Of Address/Residency-Home Address (bring Rent/Mortgage plus Utility bill (See list below))

Utility bills
Cell phone bills
Cable television bill
Rent receipt/copy of lease/mortgage papers
Letter from person you reside with or letter from landlord (**must be notarized**)

Proof of Income

Last four weekly pay stubs or two bi-weekly pay stubs
Letter from employer **on company letterhead**, signed and dated indicating gross income
If no letterhead, bring a **notarized** letter from the employer
Award letter from Social Security Administration /Pension/Annuities/Disability
Proof of Unemployment benefit
If you are being supported by someone, a **notarized letter** from the person who provides room/board for you
If unemployed, how are you supporting yourself/family (savings account, odd jobs
Income from income-producing property, rental(s), business, child support, alimony
V.A. Benefits
Worker's Compensation Income

Other

Proof of school attendance for children under the age of 18 years old or in college

Please either bring the documents with you to the Financial Assistance Office or mail them.

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P.O. Box 277, Hawthorne, NY 10532