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Street Address: City: ST: ZIP: Please provide the following information completely and accurately, information is subject to verification. In accordance with Florida Statute Section 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second (2 nd) degree. Let All hosehold member names Date of Birth Monthly Income Responsible Party's Gross Salary Report Scross Salary Report Scross Salary Rent/Mortgage/Housing Spouse's Gross Salary Most Meter/Sewage Rental Property Income Water/Sewage Rental Property Income Rental Property Income Rental Property Income Rental Property Income Rental Report Monthly Income Responsibilities Total Monthly Income Responsibilities Total Monthly Income Responsibilities Value of Residence Loan Balance Mortgage Checking Account Responsibilities Residence Loan Balance Mortgage Checking Account Responsibilities Residence Loan Balance Mortgage Checking Account Responsibilities Total Value of Assets City Income Monthly Income Responsibilities Residence Loan Balance Mortgage Checking Account Responsibilities Residence Loan Balance Information in also certify intil there is no additional insurance coverage for this patient of the wind was a securated and severe propension information in also certify intil there is no additional insurance coverage for this patient of the wind interest of the Monthly Income in the Income System Labellities Responsible Party Date Witness Extension Witness Extension	Patient's Name:	Patient's Name: Social Security Number:							
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