

Cabell Huntington Hospital
1340 Hal Greer Boulevard
Huntington, West Virginia 25701
(304) 526-6099 or (304) 526-6344



Enclosed you will find the application for FAP/Special Circumstances Financial Assistance as you requested. In order for your application to be processed, the following information must be included. Please use the following checklist to be sure your submission is complete. **Incomplete applications will not be considered.**

1. Completed, signed application including all members of your taxable household.
2. Federal Tax Return for all individuals in the household over 18 yrs of age.
Note: W-2's will not be accepted

If you do not file a Federal Tax Return, please sign and date.

| Date | Signature |
|------|-----------|
|------|-----------|

3. Last 3 months paystubs for all individuals in the household over 18 yrs of age.
Note: If self employed, please provide income/expense statements for past 3 months.
4. Completed, signed "Certification of No Income" for any individual in the household over 18 yrs of age that doesn't have an income.
5. Social Security Statements from any individual in the household who receives an Income from Social Security.
Note: Bank statements will not be accepted.
6. Proof of monthly pension income for any individual in the household receiving retirement income.
7. If there are extenuating circumstances that you would like considered when your application is processed, please feel free to attach a brief statement on a separate piece of paper and include with your other verifications.

Return to:

Attn: Financial Counselor
Cabell Huntington Hospital
1340 Hal Greer Blvd
Huntington, WV 25701

6/1/2021