

Guarantor /	/ Account #:
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Financial Assistance Application – Shelter Statement

If the Primary Applicant and/or Family Members living in the household are applying for North Memorial Health (NMH) financial assistance and there is no income to report on the Financial Assistance Application, a Shelter Statement of support must be completed and attached to the Financial Assistance Application. Please complete and return with the Financial Assistance Application.

1. PRIMARY APPLICANT: as shown on the Financial Assistance Application. All boxes must be filled in.

First Name	M.I.	Last Name		Date of Birth	Sex	Marital Status
riist Name N.I. Last Name			Date of Birth		F Wantar Status	
Address			Cit	У	State	Zip Code
Social Security Number		Home Pho	Home Phone		Other Phone	
2. PRIMARY APPLICANT STATE I (We) have no income to reposition in the section #4. Another person or person	oort on	the financial assistanc	that are list	ed on the finan	cial assistan	ce application. Skip to
3. PERSON PROVIDING S I The primary applicant, and fa and I provide the means of the	mily m	embers living with the		plicant (if any), a	are currently	unemployed
Address			Cit	у	State	Zip Code
Signature:			Date	:		
Print Name:		Cont	Date: Contact Phone Number:			
Relationship to Primary Ap	plicant	:				
Witness Signature: Print Name:						<u> </u>
4. PRIMARY APPLICANT S I acknowledge that the information of the application request.	mation	of this application is to				_

If you are need of assistance with completing the Shelter Statement, please contact NMH the appropriate phone number below:

North Memorial Health/Maple Grove Hospital (763)581-0911 or (866) 494-2900

X

North Memorial Transportation (763)581-9930 or (800)535-6720

Updated: 9/15/2023