

# APPLICATION FOR EXEMPTION OR FORBEARANCE OF AMBULANCE AND/OR MEDICAL SERVICE FEES

1. Name, address and telephone number of the person incurring ambulance and/or medical services:

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. Amount of ambulance and/or medical service fees due: \$ \_\_\_\_\_

3. Date ambulance and/or medical services were rendered: \_\_\_\_\_

4. Is any insurance coverage available for these ambulance and/or medical service fees?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, to what insurance company did you submit these fees?

Name and address of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

5. Number of persons in the family unit: \_\_\_\_\_

6. Total income from all sources for all members of the family unit for the past tax year: \$ \_\_\_\_\_

**\*IF NO INCOME - COMPLETE THE AFFIDAVIT ON BACK OF THIS PAGE**

7. Current income for the past three months for the family unit: \$ \_\_\_\_\_

I affirm under the pains and penalties for perjury that the statements made herein are true and correct to the best of my knowledge and belief. Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

YOU MUST ATTACH TO THIS APPLICATION:

- signed and submitted copies of federal income tax returns for the family unit from the past tax year; if none, state none filed
- paycheck stubs or other written verification of any income received by the family unit for the past three months
- insurance company denials of coverage, if any

**For City Use Only:** Determination of Exemption or Forbearance by City Controller

Qualified for: Exemption Forbearance DENIED: Does Not Meet Qualifications

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Zero Income Affidavit

This form is to be completed by anyone claiming zero income

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Please explain how you are able to pay your living expenses if claiming zero income for the past 3 months. (i.e. Child support, housing authority, odd jobs, food stamps, spouse works, etc.) Include the amount of assistance received and source.


Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_