

HEALTHLINK ACCESS & ASSISTANCE APPLICATION CHECKLIST

****IMPORTANT****
PLEASE READ CAREFULLY

If you need assistance completing this application or cannot produce one or more of the documents that apply to you, please call our offices at HealthLink at 527-7171.

We are here to help!

In order to process your application you MUST submit ALL of the following information:

1. A complete and **signed** application **must be signed by all parties** applying for HealthLink. Complete only **one** application for you and your spouse/significant other.
2. A copy of your most recent **Federal Income Tax Return** including all schedule and attachments. Also:
 - (a) A copy of your spouse's tax return if you filed 'married filing separately.'
 - (b) A copy of the tax return of the person(s) who claimed you as a dependent.
 - (c) If you are involved in a **Partnership or Sub Chapter S Corporation**, please submit a complete **Partnership and/or Sub Chapter S Corporate income tax return including all schedules and attachments.**
3. Copies of your last **4-weeks paycheck stubs** (Two if paid bi-weekly or semi-monthly) and /or last four unemployment check stubs if currently unemployed for **everyone applying**.
 - (a) If you receive **Social Security** income and do not file taxes, please submit proof of your social security income (copy of monthly check or bank statement if directly deposited).
 - (b) If you receive income from pensions, annuities, trusts, alimony, child support, investment income or from any other source, please submit your most current account statements and /or documentation.
4. If applicable, documentation of State Assistance (**NH Notice of Decision**) such as Food Stamps, Medicaid Health Insurance, Disability income, etc. which you receive or have applied for.
5. Copy of **current property tax bill and mortgage statement with principal balance** if you own your home.
6. Submit any and all documentation that will help assess your current financial situation, such as employment termination, bankruptcy, homelessness and without any sources of income information, etc.

PLEASE GATHER YOUR INFORMATION AND RETURN THIS CHECKLIST ALONG WITH A COMPLETED AND SIGNED HEALTHLINK APPLICATION TO THE FOLLOWING ADDRESS:

HEALTHLINK
PO BOX 1327
Laconia, NH 03247

Phone: (603) 527-7171 Fax: (603) 527-2843