

FINANCIAL ASSISTANCE PROGRAM

APPLICATION CHECK LIST:

Your application will not be considered without the following:

1. Complete entire application and sign
2. Provide Proof of income :
 - a. Four(4) most recent pay stubs from each employer
or
 - b. Unemployment letter, Workers Compensation letter, Disability letter, Pension letter, Social Security letter
3. Provide a complete copy of current checking account statements for *all* checking accounts
4. Proof of dependent child college enrollment (if applicable)

Return completed application and documents to:

Lawrence Hospital Center
55 Palmer Avenue
Bronxville, NY 10708
Att: Financial Counselor

If you have any questions please contact our financial counselors at 914-787-4008 (Last Names A-L) or 914-787-2196 (Last Names M-Z)

2017 Guidelines

	Discount	Discount	Discount
	100%	100%	50%
Size of Family Unit	FPL	200% FPL	300% FPL
1	\$12,060	\$24,120	\$36,180
2	\$16,240	\$32,480	\$48,720
3	\$20,420	\$40,840	\$61,260
4	\$24,600	\$49,200	\$73,800
5	\$28,780	\$57,560	\$86,340
6	\$32,960	\$65,920	\$98,880
7	\$37,140	\$74,280	\$111,420
8	\$41,320	\$82,640	\$123,960

For families with more than 8 persons, add \$4,180 for each additional person.

(Based on the 2017 Federal Poverty Guidelines)