

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:

New York-Presbyterian Lawrence Hospital
55 Palmer Avenue
Bronxville, NY 10708
Attn: 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)

2018 Guidelines

	Discount	Discount	Discount
	100%	100%	50%
Size of Family Unit	FPL	200% FPL	300% FPL
1	\$12,140	\$24,280	\$36,420
2	\$16,460	\$32,920	\$49,380
3	\$20,780	\$41,560	\$62,340
4	\$25,100	\$50,200	\$75,300
5	\$29,420	\$58,840	\$88,260
6	\$33,740	\$67,480	\$101,220
7	\$38,060	\$76,120	\$114,180
8	\$42,380	\$84,760	\$127,140

For families with more than 8 persons, add \$4,320 for each additional person.

(Based on the 2018 Federal Poverty Guidelines)