

Section 3 Income and Expenses

My Monthly Income

Student Loan Information

* _____ Gross Wages	Type	Loan Amt	Mthly Pmt
* _____ Spouse's	_____	\$ _____	\$ _____
** _____ Public Assistance	_____	\$ _____	\$ _____
** _____ Unemployment	_____	\$ _____	\$ _____
** _____ Child Support	_____	\$ _____	\$ _____
** _____ Other Income	_____	\$ _____	\$ _____
** _____ Workmen Comp	_____	\$ _____	\$ _____
\$ _____ Total	Total	\$ _____	\$ _____

*PLEASE FURNISH CHECK STUB **PLEASE FURNISH EVIDENCE

Section 4 Statement of Disability (Completed by Physician)

Patient's Name: _____ Subjective symptoms: _____
 Relationship to Borrower: _____ Objective Symptoms: _____
 Date when symptoms first appeared: _____ Diagnosis: _____
 Date accident occurred: _____ **If needed please attach a separate sheet of paper**

Treatment

First visit date _____ Last visit date _____ Frequency of visit (Weekly, Monthly, Other) _____

Progress

Present condition: Recovered _____ Unchanged _____ Improved _____ Retrogressed _____
 Is patient: Ambulatory _____ Bed Confined _____ House Confined _____ Hospital Confined _____

Extent of Disability

Is patient 'NOW' totally disabled for
 If no, when is or was the patient able to go to work
 Will patient be able to resume any work
 Indefinite
 Never

Any Occupation		Regular Occupation	
YES _____	NO _____	YES _____	NO _____
MM/DD/YY _____		MM/DD/YY _____	
MM/DD/YY _____		MM/DD/YY _____	
YES _____	NO _____	YES _____	NO _____
YES _____	NO _____	YES _____	NO _____

If yes, is patient a suitable candidate for rehabilitation Yes _____ No _____

Physician Name _____ Physician License Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ Fax number _____ Date _____
 Attending Physician Signature _____