

RAYMOND E. HOFFMANN, M.D., MEDICAL BENEVOLENCE FUND, INC.
20 N. Michigan Avenue, Suite 700, Chicago, Illinois 60602
(312) 782-1654

Type or Print All Information

Note: In addition to this application, also provide a written narrative detailing the circumstances related to the request for financial assistance. This written narrative should include an indication of an amount of assistance being requested for consideration (form provided, see last page).

Name of applicant/recipient: _____

Social Security # Applicant: _____ - _____ - _____

Address: _____

Phone: (daytime) _____ (evening) _____

Date of Birth: _____

Name of County Medical Society: _____

Membership in Illinois State Medical Society from _____ to _____

If widow or widower is applying for assistance, membership record of physician spouse should be provided below.

Full name of physician member _____

Relationship to physician member _____

Name of County Medical Society _____

Membership in Illinois State Medical Society from _____ to _____

List all members of immediate family (including adult children). Use additional sheet if necessary.

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Phone # _____

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Phone # _____

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Phone # _____

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Please fill out the following as accurately as possible:

Are you receiving Social Security benefits?
If so, give amount.

Are you receiving other funds from government agencies?
If so, give name of agency and amount.

Do you have health/hospital insurance? If so, give
type of insurance.

Assets

Cash on hand and in banks

U.S. Government Securities

Stocks, bonds or other securities

Accounts and notes receivable (due from others)

Real estate owned (estimated sale value)

Life insurance (cash value)

Any other assets - personal property, automobile,
etc. (please itemize below)

TOTAL ASSETS \$ _____

Liabilities

Notes payable to banks or individuals

Mortgages

Unpaid taxes

Accounts and bills due (please itemize below)

TOTAL LIABILITIES \$ _____

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Income

If employed, give name and address of employer and monthly salary after taxes:

Employer _____
Address _____
Monthly Salary _____

If married and spouse is employed, give name and address of employer and monthly salary after taxes.

Employer _____
Address _____
Monthly Salary _____

Dividends; Rental Income _____
Social Security or other funds from government _____
Other Income (pensions, etc.) _____

TOTAL MONTHLY INCOME \$ _____

Expenses

Rent/Mortgage _____	Utilities _____
Phone _____	Food _____
Insurance _____	Incidentals _____
Other: _____	_____
_____	_____

TOTAL MONTHLY EXPENSES \$ _____

Your signature below will indicate that you have answered all of the above questions to the best of your knowledge.

(signature of applicant)

(date)

