



**HealthAlliance**

Westchester Medical Center Health Network

## **REQUIRED DOCUMENTATION LIST**

### **Proof of Identity (bring at least ONE from the list below)**

- Passport
- Permanent Resident Alien Card (Green Card)
- Birth Certificate for all members in the family including children under 21 years old
- Employment Authorization Card
- Driver License or other State Issued ID
- Photo ID for Spouse / Common-Law Partners

### **Proof of Address / Residency – Home Address (bring at least TWO from the list below)**

- Utility Bills
- Cell Phone Bills
- Cable Television Bill
- Rent Receipt, Copy of Lease, or Mortgage Papers
- Letter from Person You Reside With or Letter from Landlord (must be notarized)

### **Proof of Income (bring at least ONE from the list below)**

- Last Four Weekly Pay Stubs or Two Biweekly Pay Stubs
- Letter from Employer on company letterhead, signed and dated, stating gross income
  - If no letterhead, bring a notarized letter from the employer
- Award Letter from Social Security Administration / Pension / Annuities
- Last Unemployment Benefit Check
- Letter of Support
  - If you are being wholly supported by someone else, bring a notarized letter from that person which states that they are supporting the patient in the absence of income
- If unemployed, explanation of support required
  - Please clarify in a letter how the patient is being supported (i.e. bank savings, etc)
- Income from Rental of Property, Room, etc.
- If applying for a child, please provide Documentation of Child Support Income
- VA Benefits or Worker's Compensation Income

### **Other**

- Proof of College and or Technical School Attendance.