

REQUIREMENTS FOR ELIGIBILITY

Send the following documents, once received they will be reviewed and we will call you for verification. If documents are missing, your application will be pending until we receive all the documents needed.

Sending your documents does not automatically make you eligible for CVIM services. It will take some weeks to process.

Be able to provide the following documents:

1. **ONE MONTH'S INCOME (from the last 30 days) for everyone in the household (Send all that apply to your household)**
 - ☐ Pay Stubs: One month of current and consecutive paystubs for each household member (we use gross income before taxes are deducted)
 - ☐ Paid in cash: Employer letter on company letterhead with the following information:
 - Date
 - Number of hours per week
 - Pay per hour
 - Months worked if Seasonal
 - Signed by employer**or** Wage Verification Form (provided by CVIM); **or** copy of business or personal checks received with worked hours and dates on them
 - ☐ Self Employed: if you file taxes, 1040 form with need Schedule 1 and Schedule C; if did not file taxes we need Self Employment form (provided by CVIM)
 - ☐ Workman's Compensation pay
 - ☐ Unemployment letter (Initial letter of financial determination)
 - ☐ Social Security (disability/survivor's benefits/pension/SSI)
 - ☐ Child support or Alimony/Spousal support
2. **INCOME TAX RETURN:** Most recent taxes (Form 1040), along with all W2s and 1099s, including Schedule 1 and Schedule C if applicable. If you did not file taxes and have W2s, send them in. (If you lost your taxes, call 1-800-908-9946 ASAP to get a free transcript)
3. **ADDRESS VERIFICATION:** Utility bill (electric, gas, water, cable) in your name, if you do not have a utility bill, provide a rent letter with your name, address, rent amount, date and signature of the property owner. Mortgage or rent receipt.
4. **VALID PHOTO ID OR BIRTH CERTIFICATE** in case you don't have photo ID
5. **SOCIAL SECURITY CARD**

SEND YOUR DOCUMENTS VIA EMAIL: patient@cvim.org /
FAX: 610.836.5998 Or DROP OFF AT CLINIC