FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS

Finance Department
320 Hospital Drive, Suite 32
Warrenton, VA 20186

Acct #
DOS:
Approval: Yes/No

AMBULANCE FEE HARDSHIP REQUEST FORM

I. BASIC FACTS AND HOUSEHOLD INFORMATION:

Full Name:_____ Date of Birth:_____

Address:_____City:_____Zip Code_____

Sex: ☐ Male ☐ Female Status: ☐ Single ☐ Married ☐ Divorced ☐ Divorced Filed SSN:_____

☐ Renting ☐ Buying ☐ Mobile Home If buying, estimated value $_____ Amount Owed $_____Owner Name_____

Who lives with you? (Include children; spouse; other family members, roommates, etc) List name, date of birth, relationship and gross/net monthly income of each: ☐ None

Name_____DOB_____Relationship_____Income$_____

Name_____DOB_____Relationship_____Income$_____

Name_____DOB_____Relationship_____Income$_____

Name_____DOB_____Relationship_____Income$_____

☐ Check Box if you have additional to list on back

II. Income:

Are you employed: ☐ Yes ☐ No If not, how are you supported?_____

List your employment for the last 2 years:

Employer:_____Address:_____

Dates Employed_____ Monthly Income $_____

Employer:_____Address:_____

Dates Employed_____ Monthly Income $_____

List your Monthly Expenses:

Rent:	$_____	Credit Cards	$_____
Phone	$_____	Other:_____	$_____
Electric	$_____	Other:_____	$_____

Children living **outside** your home for whom you **must pay Court ordered child support**? ☐ None $_____

_____

_____

Do you own? ☐ Real Estate Amount of Monthly Payment $_____ Value $_____

☐ Automobile Amount of Monthly Payment $_____ Value $_____

Income:

Gross Family Income	$_____
Public Assistance (Foodstamps, etc)	$_____
Social Security	$_____
Unemployment	$_____
Worker's Compensation	$_____
Strike Benefits	$_____
Veteran's Benefits	$_____
Alimony or Child Support	$_____
Military Allotments	$_____
Support of Someone not living with you	$_____
Pension Benefits	$_____
Income from Rental Property	$_____
Amount in Checking/Savings Account	$_____
Other Income_____	$_____

I am requesting a waiver for my ambulance transport fee. I confirm that I have no insurance that may be billed for this charge and that this statement is true and accurate. I authorize release of this information to Fauquier County, Virginia.

Signature _____ Date _____

Return this form to the above address with
Attn: Victoria Moore