





**APPLICATION FORM cont'd**

**SECTION 5: APPLICANT CERTIFICATION**

My signature below indicates that the information I provided on this form is complete and accurate. I understand that any information provided on this form, which is found to be false, misleading, or inaccurate may result in a denial of my eligibility for financial assistance with St. Luke's Hospital now and in the future. I authorize St. Luke's Hospital to make necessary inquiries to verify information provided on this application and to release information to any Business Associates or governmental agencies that may require it. I understand that completing this application is not a guarantee of my eligibility.

**Applicant's Name and Signature**

**Date**

--	--