Memorial Sloan Kettering Cancer Center

Required documents for Financial Assistance

Please include the income information for the patient, their spouse, and any dependents (such as children). For example, this would include everyone on the same tax return (tax filer, spouse, and tax dependents) in the calculation of household income.

1. Previous year 2024 signed, 1040 Federal Income Tax form (all pages) including all W2and 1099 forms as well as all applicable Schedules.

2. **Submit the following: whichever is applicable to your family's source of income:**

- Wages - Please provide one Paycheck Stub, or Letter from Employer on company letterhead, signed and dated, or most recently filed income tax return.

- Social Security Payment - Copy of award letter/certificate, or correspondence from the U.S. Social Security Administration, or annual benefit letter. To request a copy of your Social Security benefit letter, call 1-800-772-1213 or visit www.ssa.gov.

- Unemployment Compensation - Copy of award letter/certificate, or monthly benefit statement from NYS Department of Labor, or Copy of Direct Payment Card with printout, or Correspondence from the NYS Department of Labor, or Printout of recipient's account information from the NYS Department of Labor's website (www.labor.state.ny.us).

- Disability Payment - Copy of award letter/certificate, or correspondence from Social Security Administration, or copy of annual benefit letter. To request a copy of your benefit letter, call 1-800-772-1213 or visit www.ssa.gov

- Workers Compensation - Copy of Award Letter or Check stub.

- Alimony/Child Support - Copy of court order, or 3 months of cashed checks/receipts.

- Dividends/Interest - Quarterly dividend statements or 1-month statements.

- Other - Letter stating the amount of non-wage earnings (if any), such as rental income, cash for odd jobs, etc.

- No Income - Signed statement of no income.