



VERIFICATION OF NO INCOME

RELATIVE OR FRIEND:

I, _____, certify on _____ that _____ is
(Person/Facility Providing Support) (Date) (Applicant Name)

Currently unemployed and is not receiving any type of monetary income at this time.

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

SIGNATURE: _____

PRINT NAME: _____

I have been providing support beginning _____ and
Providing him/her the following:

- _____ Paying for room and board outside of my home
(Send copy of rent receipt)
- _____ Providing room and board free in my home
- _____ Providing monies for room and board in the amount of \$ _____
- _____ Other: please explain below:

Applicant/Patient:

Do you receive any of the following

If yes check below:

- | | |
|-------------------|-------------------------------|
| _____ RAP | _____ Energy Assistance |
| _____ Section 8 | _____ Unemployment |
| _____ TEMHA | _____ Is Unemployment Pending |
| _____ Food Stamps | |

Applicant/Patient Signature: _____ Date: _____

Please sign and return within 30 days of application date. Failure to promptly return will result in patient being responsible for the full cost of services. If approved, this form is valid for 30 days following initial application date.

(Office Use) Received by: _____ Date: _____