



ZERO INCOME AFFIDAVIT

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell/Alt Phone: _____
Date of Birth: _____ Social Security #: _____ Number of Household Members? _____

NO INCOME STATEMENT

I, _____ state that I have not received any source of income since _____.
Print Your Name Date

I hope and expect to receive income on or about _____ from _____.
Date List Source of Expected Income

COST OF LIVING STATEMENT

During the above period, how did you and/or your household meet their needs for:

FOOD: _____

SHELTER: _____

LIVING EXPENSES: _____

PATIENT ACKNOWLEDGEMENT (NOTARY REQUIRED)

I understand that I can be denied Financial Assistance for making false statements, and I do reaffirm that all claims here are complete and truthful to the best of my knowledge.

DO NOT SIGN until in the presence of a Notary

Patient Signature: _____ Date: _____

Sworn to and subscribed in my presence by _____
on this _____ day of _____ year _____. My commission expires _____ year _____