Statement of Self-Declared Income

A. Patient

Please list yourself, and the persons in your household. **(Household is defined as yourself, spouse, and dependents)**

_____ _____ _____

_____ _____ _____

WHENEVER THERE IS A CHANGE IN THESE CIRCUMSTANCES, ANOTHER FORM MUST BE COMPLETED

Have you ever filed a tax return? _____ If yes, what was the date of the last time your filed? _____

STOP HERE! THE REST OF THIS FORM IS TO BE COMPLETED BY THE PERSON HELPING YOU FINANCIALLY

Please answer the questions in Section B, and Section D for the individuals listed above as Patient.

Please print your name: _____

B. Shelter/Nutritional Support

1. I pay for or furnish shelter for the people listed at the top of the page in part A above…… ☐ YES ☐ NO
   a. If **YES,** list the address of the shelter or housing provided _____
   b. If **NO**, who pays for or furnishes shelter for the people listed at the top of the page:
   _____
2. I provide food for the people listed at the top of the page in part A above…… ☐ YES ☐ NO
   a. If **NO**, how is food purchased for the people listed at the top of the page?
   ☐ Food Stamps ☐ Donated Food ☐ Other: _____
3. Is the person listed above as Patient, paying for rent or utilities? ☐ YES ☐ NO
   a. If **YES,** how much to they pay for rent and/or utilities monthly? _____

C. Unemployed

1. To the best of my knowledge, are any of the people listed at the top of the page in part A**,** employed ☐ YES ☐ NO
   a. If **YES**, who is employed:
      - Name(s):_____
      - Place of Employment: _____

D. Cash Contribution

I give a monthly cash contribution to the person(s) listed above in the amount of $_____.

I declare under penalty of perjury, that all statements on this form are true to the best of my knowledge

_____
Signature of person completing this form

_____ _____
Print Name Date

_____
Address

_____
Relationship to Patient

_____
Phone Number

_____
Signature of Patient (if minor, legal adult, or guardian)

_____ _____
Print Name Date

Signer's ID verified? _____YES _____NO