

## Self-attestation of Zero Income

*\*This form should be completed when the client has indicated no source of income on the Application for Financial assistance*

I, \_\_\_\_\_, do hereby certify that I do **NOT** receive income from any source. I understand sources of income include, **but are not limited to the following:**

- Money, wages salaries, and tips
- Regular payments from social security, retirement, unemployment benefits, workers' compensation, veterans' payments, public assistance, and training stipends
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions, and regular insurance or annuity payments
- College or university scholarships, grants, fellowships, and assistantships
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings

Please explain below how you (or your family) have paid these three living expenses when your household has no income:

Food \_\_\_\_\_

Utilities (electric, heating and cooling) \_\_\_\_\_

Housing \_\_\_\_\_

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact subject me to disqualification from a sliding scale discount program.

Print Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Should you have any questions, a financial counselor is available to assist you  
Monday - Friday from 8:00AM to 4PM toll free 1-888-320-5218