

## NO INCOME FORM

**NOTE: IF YOU AND/OR YOUR SPOUSE DO NOT WORK AND HAVE NO HOUSEHOLD INCOME, THEN PLEASE HAVE WHOEVER IS HELPING PROVIDE YOUR DAILY NEEDS FILL THIS PAGE OUT FOR YOU. DO NOT FILL THIS PAGE OUT YOURSELF.**

**IF THIS DOES NOT APPLY TO YOU THEN PLEASE DISREGARD.**

**Applicant Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I certify that \_\_\_\_\_ has had  
no income since \_\_\_\_\_, and that I have been providing his/her  
daily needs during this time period.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Relationship  
to Patient:** \_\_\_\_\_