



ATTACHEMENT A: ZERO INCOME CERTIFICATION FORM

Proof of Household Income

Instructions: Please complete this form in the event that the patient can provide **NO** proof of Household Income. Form to be completed by patient and submitted to Project Access by the Clinic Coordinator in addition to the patient enrollment packet.

I, _____ claim "Zero Income";
PRINT NAME HERE

I do not have and cannot obtain any of the following documents:

- Previous year's tax returns (W-2)
- Paycheck stub from three month's prior
- Most recent unemployment pay stub
- Divorce documentation showing amount and duration of spousal and/or child support
- Legal documentation showing amount and duration of settlement, lottery winnings, and/or inheritance payouts

I certify that this information is full and complete disclosure of my income and address. I certify that the above information is true to the best of my knowledge and there is no intent to commit fraud. I understand that appropriate action will be taken if the above information is misrepresented; including a bill for the services received and agree to a credit check to confirm my information.

Signed: _____ Date: _____

TO BE COMPLETED BY CLINIC COORDINATOR

I certify that the information provided and/or documentation is accurate to the best of my knowledge.

Coordinator Name, please print

Signature

Date