

Zero Income Statement

Name: _____ **Date:** _____

Address: _____ **City, State and Zip:** _____

This statement is to certify that I am not receiving income from any source:

- I am not employed through any private or public employer.
- I am not receiving unemployment compensation benefits.
- I am not receiving Social Security benefits or any type of annuity benefits.
- I am not receiving Public Assistance (PA), Pension, or Veteran's Benefits.
- I am not receiving income from any source.
- I am on maternity leave without pay ____ (If so, please check)
- I am on sick leave without pay ____ (If so, please check)
- I understand that I must report any change in income status.

Money received from friends, relatives, etc., is income and must be reported. If you receive such funds, obtain a notarized statement specifying the amount received.

Signature of patient: _____

Date: _____