**Self-Attestation of No Income Form**

**NOTE: Use this form only for clients who claim no income. Documentation must be recertified every six (6) months or whenever there is a change in client’s income.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Health Resources and Services Administration (HRSA), the federal agency that funds Ryan White Program services, requires verification of income to determine eligibility for services.

**NO INCOME:**

I state that I have no income, and hereby certify that I do or do not receive income from any of the following sources.

|  |  |
| --- | --- |
| **Income Source** | **I receive income from this source** |
| Wages from employment (including commission, tips, bonuses, fees, etc.) |  Yes  No |
| Income from operation of a business |  Yes  No |
| Rental income from real or personal property |  Yes  No |
| Interest or dividends from assets |  Yes  No |
| Social Security, annuities, insurance policies, retirement funds, pensions or death benefits |  Yes  No |
| Unemployment or disability payments |  Yes  No |
| Public assistance payments |  Yes  No |
| Periodic allowances such as alimony, child support or gifts received from persons not in the household |  Yes  No |
| Sales from self-employed resources |  Yes  No |
| Any source not named above |  Yes  No |

|  |
| --- |
| **No Income Statement** |
| I declare that I and my family have no income. I (we) get food, housing and clothing in the following ways: |

I understand that it is my responsibility to report any change in income, from any source, within 15 days after such change. I verify that all statements regarding my income are true and I understand that false, misleading or incomplete information may result in termination of services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

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Case Manager (or Witness) Signature Date