



No Income Form

THIS FORM IS TO BE USED ONLY IF THERE IS NO HOUSEHOLD INCOME

SECTION 1 - Patient Information (All information required)

By signing, I verify that **I OR NO ONE LIVING IN MY HOUSE** have any income. If I or anyone in my house receives Food Stamps or help from the Housing Authority (HUD), **I HAVE ATTACHED PROOF OF AMOUNTS RECEIVED FROM FOOD STAMPS AND/OR THE HOUSING AUTHORITY (HUD).**

Patient Name (Please Print): _____

Patient Signature: _____ Date: _____

SECTION 2 - Person helping/supporting patient (All sections must be completed to include dollar amounts) We need to know how you pay for housing, food, and utilities.

Name of person helping patient (Please Print): _____

Please list the dollar amount you have paid/given in the last 30 days for each item below that applies:

\$ _____ House/Rent (If answer is \$0 state why): _____
\$ _____ Food (If answer is \$0 state why): _____
\$ _____ Utilities (If answer is \$0 state why): _____
\$ _____ Total amount given to patient per month

By my signature, I verify the patients' current housing situation, that all information is true, and that no work or services are given in exchange for support. **THE PERSON HELPING THE PATIENT CANNOT LIVE IN THE SAME HOUSE AS THE PATIENT.**

Signature of person helping and/or verifying patients' current housing situation: Date: _____

NOTE:

- **The patient must sign SECTION 1 on this form**
- **The person helping the patient must complete and sign SECTION 2 on this form**
- **Completed form must be sent with Welvista application**