



## No Income Form

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

### **SECTION 1 - Patient Information (All information required)**

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By signing, I verify that **I, OR NO ONE LIVING IN MY HOUSE** have no income. If I, or anyone in my house receives Food Stamps and/or help from the Housing Authority (HUD), **I HAVE ATTACHED A CURRENT STATEMENT FROM EACH ORGANIZATION.**

Patient Name (Please Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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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 patient's 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: \_\_\_\_\_

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#### **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