



No Income Form

NOTE: USE THIS FORM ONLY IF NO ONE IN THE HOUSEHOLD HAS INCOME
Patient must complete SECTION 1 - Person helping the patient must complete SECTION 2
Completed form must be submitted with Welvista application package

SECTION 1 - Patient Information (All information required)

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 patient (All sections must be completed, including dollar amounts.) We need to know how patient is living day to day (housing, food, and utilities).

By my signature, I verify the above 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.**

Name of person helping or verifying patient living situation: _____
(Printed name)

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

Date: _____

(Signature of person helping or verifying patient living situation)

OR – Patient has no one over age 18 to vouch for their current living situation:

Date: _____

(Patient Advocate/Case Manager)