



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 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.**

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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 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: \_\_\_\_\_

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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**