

| Monthly Source of Income | Patient's Monthly Gross Income | Total Family Income for 3 Months Prior to the Date of Service | Type of Income Verification Needed |
|---|--------------------------------|---|---|
| Wages/Self Employment/Child Support/Alimony | \$ | \$ | Most recent Federal Income Tax Return, Copy of most recent W-2's, and Copy of pay stubs for previous 3 months |
| Social Security | \$ | \$ | Social Security award letter |
| Pension/Dividends/Interest/Rental Income | \$ | \$ | Pension benefits letter, Dividend/Interest Statement |
| Unemployment/ Workers Compensation | \$ | \$ | Unemployment benefit letter, Workers Compensation benefit letter |

If you are reporting \$0 income, please provide a brief explanation below of how you are meeting basic needs:

By my signature below, I certify that everything I have stated on this application and on my attachments is true.

Responsible Party Signature: _____ **Date:** _____