



Financial Assistance Office
8095 Innovation Park Drive
Fairfax, VA 22031

Verification of Self-Declaration

APPLICANT: This Self Declaration of Income form is used only for those patients who are Homeless, Day Workers, Migrant and Seasonal Workers and Patients who earn tips of their income.

This information is necessary to complete the eligibility review.

I, _____ declare that my estimated income is \$_____ per _____. This statement is true to the best of my knowledge and I agree to report any changes to my income.

Attestation:

I certify that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

Signature of Person Completing This Form

Date Signed

This Form Must Be Notarized:

I, the undersigned Notary Public, certify that this document was signed before me in the City/County of _____ on this _____ day of _____, 20_____.

Notary Public

My commission Expires: _____