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.

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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: ________________________________