

HEALTH CENTER ~ SELF-DECLARATION OF INCOME



This form is to be used only if third party verification of income is unavailable. Tri-County staff are expected to have exhausted all alternative options for verifying income prior to use of a self-declaration of income. Patients must also complete a Sliding Fee Discount Application in order to be eligible for a discount. Self-Declaration is only valid for 90 days.

HEAD OF HOUSEHOLD INFORMATION:

| | | |
|----------------------------|-------------------------------|-----------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
| DATE OF BIRTH (MM/DD/CCYY) | SOCIAL SECURITY # (IF ISSUED) | |

This is to certify the income status for the above named applicant. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business (i.e. total revenue minus business operating expenses). This also includes any withdrawals of cash from the business of profession for your personal use.
- Monthly interest and dividend income credited to applicant’s bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, TDI and worker’s compensation.
- Monthly income from government agencies excluding amounts designated for shelter, utilities, WIC, food stamps and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the household.

By signing this form, I have given Tri-County permission to request IRS income information as needed to verify accuracy.

CHECK ONLY ONE BOX AND COMPLETE ONLY THAT SECTION

I certify, under penalty of perjury, that I currently receive the following income:

| | | |
|---------|---------|------------|
| Source: | Amount: | Frequency: |
| Source: | Amount: | Frequency: |
| Source: | Amount: | Frequency: |
| Source: | Amount: | Frequency: |

Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Signature: _____ Date: _____