PATIENT BENEFIT
FOUNDATION

ZERO INCOME AFFIDAVIT

Complete this form only if you currently receive no income from any source.

Applicant Name:		Date of Birth:
Street Address:		Phone:
State:	ZIP Code:	City:

1. I certify that I currently receive no income from any source. This includes, but is not limited to:

   a. Wages from employment (including commissions, tips, bonuses, fees, etc.),
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as money or gifts received from family members and/or persons living in your household;
   i. Sales from self-employed resources;
   j. Any other source not named above.

2. Because I currently have no income, my basic living expenses are being paid or provided through the following source(s) Please check all that apply:

☐ Family or friends provide financial support
☐ I currently have no regular means of financial support
☐ I am using personal savings
☐ I receive charitable/community assistance
☐ Housing and/or food is provided by another person
☐ Other: _____

3. If another person is supporting you, please provide:

Name of person providing support: _____ Relationship: _____

Type of support provided (housing, food, transportation, money, etc.): _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false presentations herein constitutes an act of fraud. False, misleading, or incomplete information may result in legal actions.

Printed Name: _____ Date: _____

Applicant Signature: _____