



Declaration of No Income Documentation

I, _____, attest to the fact that I am not receiving any income at this time and that I am therefore in need of assistance from Catholic Charities Free Health Care Center.

I am unable to provide proof of income documentation because I was not required to file a Federal Tax Return, I am not eligible to file, or the Federal Tax Return I filed does not reflect my current financial situation. I attest that I do not work and do not receive any government, spousal, family, or any other type of officially declared or court ordered assistance. I understand that providing false or misleading information or documentation shall result in the immediate termination of services provided by Catholic Charities Free Health Care Center.

I also understand that my acceptance as a Catholic Charities Free Health Care Center patient is contingent upon providing proof of any income, including future income, in relation to 200% of the Federal Poverty Guidelines. Upon employment, I understand that I must submit income documentation as soon as possible.

I understand that my eligibility for services provided by Catholic Charities Free Health Care Center will be reevaluated annually and I must always provide the most accurate and current documentation and information.

My living expenses are currently supported by _____.

Signature

Date

Witness

Date