



## Self-Declaration of Income

Use this form if:

- The applicant is **Not Employed**, facing extreme financial hardship, or is homeless
- The applicant is **Not Employed** living with working spouse or an Adult Child (over 18) living at home with working parents
- The applicant is unemployed, seeking employment or receiving unemployment benefits.
- The applicant is receiving a SNAP, SSI, pension, 401K, alimony or other financial payments.
- The applicant is receiving food, shelter or money from a family member, friend or other.

**Certification: Note to applicant: By completing this section you certify that the information provided is the most recent and accurate representation of your current income situation. You have been informed that this form constitutes a legal affidavit, and could be used as proof in legal proceedings.**

I, \_\_\_\_\_ (Patient) certify that my total monthly income is: \_\_\_\_\_ and the number of immediate family members in the household are \_\_\_\_\_.

\_\_\_\_\_  
Signature Date

**Providing false financial information to HealthWorks for Northern Virginia will result in immediate dismissal from the practice.**

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**Instructions:** If you have NO (or limited) income and are receiving help from friends/family, the following must be completed, signed and dated by your benefactors

I, \_\_\_\_\_ assist \_\_\_\_\_ (patient) by providing basic living needs listed below:

**Shelter:**  Yes  No Relationship to Applicant: \_\_\_\_\_  
**Food:**  Yes  No  
**Money:**  Yes  No Amount \$ \_\_\_\_\_ (monthly)

My Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Acknowledgment

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**STATE OF VIRGINIA**

**COUNTY OF:** \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of person acknowledged).

**Notary Public: Printed Name:** \_\_\_\_\_

My Commission Expires: \_\_\_\_\_