

## Zero Income Statement

To whom it may concern:

*This is to certify that I \_\_\_\_\_ . have zero income at this time. The last time I worked was \_\_\_\_\_ and I made approximately \$ \_\_\_\_\_ per hr./week.*

*My approximate total income for my household for the last four (4) months is \$ \_\_\_\_\_.*

Signatures:

**(Note: This form must be witnessed by two (2) people living outside the patient's residence.)**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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