

## Declaración de Ingresos Cero

a quien corresponda:

*Esto es para certificar que yo*

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\_\_\_\_\_ tienen cero ingresos en este momento. La última vez que trabajé fue \_\_\_\_\_ y hice aproximadamente \$ \_\_\_\_\_

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*Mi ingreso total aproximado para mi hogar durante los últimos cuatro (4) meses es \$ \_\_\_\_\_*

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Firmas:

**(Nota: Este formulario debe ser presenciado por dos (2) personas que viven fuera de la residencia del paciente. )**

Firma del

paciente: \_\_\_\_\_

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

Firma del testigo:

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

Dirección del testigo:

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Firma del testigo:

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

Dirección del testigo:

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