

Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ CSN: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Admit Date: \_\_\_\_\_



**RYAN WHITE PROGRAM  
DECLARATION OF INCOME STATEMENT**

I, \_\_\_\_\_, do hereby declare that:  
(Applicant's name)

- I have no documented proof of income;
- I am applying for assistance from \_\_\_\_\_  
(Agency name)
- My household consists of \_\_\_\_\_ number of persons; and
- My household income has been annualized, at the time of application according to pre-established procedures and it is \$ \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible, and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Street Address) (City) (County) (Zip Code)

\_\_\_\_\_  
(Agency Representative's Signature)