



Zero Income Statement

Date of Application: _____

Patient Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. Choose one:

- Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

- Currently, I have no income of any kind and I will not be seeking employment at this time.

I certify that the statements regarding the persons and income in my household are true and correct to the best of my knowledge. I further understand if any information is found to be inaccurate, I may be denied a discount and/or subject to legal action for knowingly providing false information. I agree to notify Prism Health of all changes in income, address, living arrangements, number of household members, and/or other circumstances. I understand that the information given above will be kept confidential. I also understand that if I do not agree with any decision made concerning this application, I have the right to ask in writing for a review by the Director of Healthcare Operations.

Signature: _____ Date: _____