Edwin Fair Community Mental Health Center, Inc.

Income Verification

 Chart No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby certify that I **do not** receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fee, etc.)
2. Income from operation of a business
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
6. Unemployment or disability payments
7. Public assistance payments
8. Periodic allowances such as alimony, child support or gifts received from persons not living in my household
9. Sales from self-employed resources (Avon, Mary Kay, Tupperwear, etc.)
10. Any other source not names above

I currently have no income of any kind and there is no imminent change expected in the near future. If there is a change expected in the near future, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain how your basic needs are currently being met \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of services to the consumer named above.

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Consumer Signature Date