

NOTARIZED INCOME STATEMENT

OPTIONAL: Only use this form if you cannot provide proof of income documentation.

Name: _____ Date of Birth: _____

My estimated annual household income currently is \$_____.

(Please include dollar amount)

\$_____ Social Security Disability Income (SSDI) (Beginning ____/____/____)

\$_____ Supplemental Security Income (SSI)

\$_____ Aid from the Department of Public Welfare

\$_____ Unemployment Benefits (From ____/____/____ to ____/____/____)

\$_____ Workers Compensation Benefits (From ____/____/____ to ____/____/____)

\$_____ Dividends, interest, or investment accounts

\$_____ Employment (Myself and/or my spouse)

\$_____ Other (includes assistance from family, friends, charity, or church. Please specify the amount of financial assistance you receive - may include percentage of rent, food, etc.)

Number of People in Household: _____

**YOU MUST HAVE THIS FORM NOTARIZED IN ORDER TO PREVENT A DELAY
IN THE PROCESSING OF YOUR APPLICATION.**

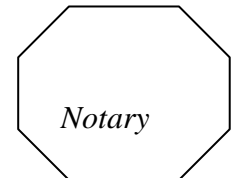
Patient Signature _____

Date _____

Notary Signature _____

Date _____

Notary Seal



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