

SOURCE OF INCOME:	SELF:	OTHER:	TOTAL:
Gross wages, salaries, tips, etc.	\$	\$	\$
Income from business and self-employment	\$	\$	\$
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income	\$	\$	\$
Interest, dividends, royalties, income from rental properties, estates and trusts; alimony, child support assistance from outside the household, and other miscellaneous sources	\$	\$	\$
TOTAL INCOME:			\$

I certify that the family size and income information shown above is correct.

Name (Printed): _____

Signature: _____ Date: _____

OFFICE USE ONLY

PATIENT NAME: _____

APPROVED DISCOUNT: _____

APPROVED BY: _____

DATE APPROVED: _____

VERIFICATION CHECKLIST:

- Identification/Address: Drivers' license, utility bill, employment identification, or other
- Income: Prior year tax return, 3 most recent pay stubs or other; self-declaration may be used