

NO INCOME VERIFICATION

A. I certify that I currently do not have any income: ☐ (please check box)

I have had no income since: ____/____/____ (mm/dd/yyyy)

I do not expect to receive any income until: ____/____/____ (mm/dd/yyyy)

B. Please provide a brief summary describing the current living conditions/arrangements that apply:

C. Please give the details of person(s) providing support:

Name(s)	Relationship to Applicant
Address of Person(s) Providing support	Phone Number of Person(s) Providing Support

I have received support from the person(s) listed above since ____/____/____ (mm/dd/yyyy)

Can DC ADAP contact the person(s) named above to verify information? ☐ Yes ☐ No

CERTIFICATION

By initialing to the left of each statement and signing below, I agree that:

____ I understand that verification of income is required to determine eligibility for all Ryan White programs, including the DC ADAP

____ I understand that the program I am applying for may verify the information on this form and I may be required to submit additional documents, if requested. Failure to do so within specified deadline will result in my file being closed to the program.

____ I understand that if I deliberately misrepresent information on this form, I may be required to repay benefits to the program and I may be prosecuted under applicable state and federal statutes.

____ I understand that "no income" or "zero income" means that I do not receive any **money** through employment, or from other sources (unemployment, interests, retirement, Social Security disability income (SSDI), supplemental security income (SSI), etc.).

____ I certify that I do not have any income and I will notify the program I am applying to immediately if I receive, or start receiving any income.

Applicant (Print Name)	Applicant Signature	Date (mm/dd/yyyy)
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