



**Income Verification Statement**

I \_\_\_\_\_ nor anyone living in my home with me has any income.

**Please check all that apply:**

\_\_\_\_\_ No one receives a Social Security Check, Welfare Check, or V.A. check.

\_\_\_\_\_ No one receives a retirement or pension check.

\_\_\_\_\_ No one receives an unemployment check.

\_\_\_\_\_ I am not self-employed.

**Please disclose any assistance that you may receive from family/friends:**

\_\_\_\_\_ Amount

\_\_\_\_\_ How Often

**By signing below, I certify that the above information is correct and I understand that failure to make full disclosure of total household income is considered an act of fraud and can be punishable by either a fine and/or imprisonment according to federal law. I agree to immediately inform 1<sup>st</sup> Choice Healthcare, Inc. if any of the reported information changes. I understand that I will be asked to update this information every twelve months. I understand I am fully responsible for my bill if I do not comply with the above requirements.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**