



**Tift Regional Health System, Inc.**  
**Statement of No Income**

I, (*applicant name*) \_\_\_\_\_, certify that I am not currently employed and have no income of any kind including Social Security, Retirement, Short/Long Term Disability, Workers Compensation, or Unemployment. The last time I had any kind of income was (*MM/DD/YY*) \_\_\_\_\_. I receive the following support from (*name of person giving support*) \_\_\_\_\_ who is my (*relationship to applicant*) \_\_\_\_\_.

***Check ALL that apply:***

- ☐ Financial (*they give me money or pay my bills*)
- ☐ Room & Board
- ☐ Food/Groceries
- ☐ Other

**If you, the applicant, are married & your spouse also has no income:**

I also certify that my spouse, \_\_\_\_\_, is not currently employed and has no income of any kind and receives the same support from the above. The last time my spouse had any kind of income was (*MM/DD/YY*) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Applicant Name-**REQUIRED** (*please print*)

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature-**REQUIRED**

Witness-**REQUIRED** \_\_\_\_\_  
(*not the applicant or spouse*)

Date \_\_\_\_\_