



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 _____