

**Verification of Self-Declaration**

This form is used only for patients who are day workers, migrant/seasonal workers, earn tips as their income or who are unemployed and not receiving support from family/friend/other with shelter, food and/or living expenses.

If you have another source of funds that assists with your expenses then also provide paystubs, Verification of Employment, or Verification of Support.

The patient has requested financial assistance from Inova associated for services provided. The below information is necessary to complete the eligibility review.

Patient name: \_\_\_\_\_

Estimated income (gross – before taxes): \$\_\_\_\_\_ per Hour Week 2 weeks Month Year

Living off savings: No Yes, total savings \$\_\_\_\_\_

File taxes: Yes No, please explain: \_\_\_\_\_

**Attestation:**

I certify that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed