Form D - Ryan White Part B Program
Statement of No Income

* Fill out this form ONLY if you, or family members who live with you, have no income. *

I understand that I have to give proof of all income for myself and family members who live with me. I understand that income includes, but is not limited to:

- Pay before taxes (including overtime, commissions, fees, tips, and bonuses)
- Take home pay from a business or property (including rental income)
- Any money received from Social Security (including SSI, SSDI, or Social Security retirement), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment, disability pay, or severance pay
- Alimony
- Money from a trust, endowment, or investments
- Regular pay, special pay, and allowances for a member of the Armed Forces

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Tell us about the family members who live with you:

➢ How many dependent children have no income? _____

➢ How many adult dependents have no income? _____ (do not count yourself here)

Tell us about you:

➢ Do you have any income? ☐ Yes ☐ No

➢ *If **yes**, please skip to the end and sign the form below.*

➢ *If **no**, please tell us how you meet your needs. Check all that apply.*

☐ One or more of my family members who lives with me gets income from the list above. ***If you check this box, you must attach proof of income for these household members.***

☐ A relative, friend, or organization pays all my household bills and expenses.

☐ I pay bills by selling my personal items or with money I have in a savings, checking, or trust fund account.

☐ I get help from TANF.

☐ I get help from food stamps.

☐ I get help from general assistance.

☐ I get help from a rental subsidy (Section 8, HOPWA, etc.).

☐ I get help from another source: _____

☐ I have applied for SSD/SSI.

☐ I have applied for other help: _____

I understand that if I give false information, I may not be able to get help from the Ryan White Part B Program. All of the above information is true. I understand that I must report changes to my family's income within 10 business days of the change.

Printed Name	Signature	Date