



ZERO INCOME STATEMENT

NOTE: Income includes wages that you have earned from working or money that you have received from unemployment, retirement, Social Security or Disability Income, or any other money that you receive on a regular basis.

If your household has received \$0 income in the last thirty days, you can print, sign, and date this form. If you are unable to print this form, you can write the statement below on a piece of paper and sign, and date it.

I, _____ certify that my household has received zero income in the last 30 days.

Signature _____

Date _____

For questions call 512-978-8130

DECLARACIÓN DE CERO INGRESOS

NOTA: Los ingresos incluyen los salarios que ha ganado trabajando o el dinero que ha recibido por desempleo, jubilación, ingresos por discapacidad del Seguro Social o cualquier otro dinero que reciba regularmente.

Si su hogar ha recibido ingresos de \$0 en los últimos treinta días, puede imprimir, firmar y fechar este formulario. Si no puede imprimir este formulario, puede escribir la siguiente declaración en una hoja de papel, firmarla y fecharla.

Yo, _____ certifico que mi hogar ha recibido cero ingresos en los últimos 30 días.

Firma _____

Fecha _____

Para preguntas llame 512-978-8130

The Medical Access Program serves the healthcare needs of eligible residents in Travis County and is funded by Central Health



CENTRAL HEALTH