

Ryan White HIV/AIDS Program Part B (Area 7)
Zero Income Affidavit

I, _____, have applied for assistance through the Area 7 Ryan White HIV/AIDS Program. Program regulations require verification of all income from participating households.

Income includes but is not limited to the following:

- Wages, Salaries, tips, etc. (Form W-2)
- Taxable Interest (1099-NT form)
- Tax-exempt Interest (Form 1099-INT box 8)
- Ordinary Dividends (1099-DIV box 1a)
- Taxable refunds of state/local income taxes
- Alimony or Other Spousal Support Received
- Capital gain or loss (Schedule D)
- Other gains/losses (Form 4797)
- IRA distributions – taxable amount
- Private Pensions and Annuities
- Private Pensions and Annuities EXEMPT
- Private/Employer Disability Payment
- Veteran’s Service Related Disability Payment
- Veteran’s Non-Service Related Disability Payment
- Monetary Gift or other exempt
- Business or Self Employed income/loss (Schedule C or C-EZ)
- Exempt Interest Dividends (Form 1099-INT box 10)
- Rental real estate, trusts (Schedule E)
- Farm income/loss (Schedule F)
- Unemployment Income
- Social Security Benefits
- Social Security Disability (SSDI)
- Supplemental Social Security Income (SSI)
- General Assistance
- Temporary Assistance for Needy Families (TANF)
- Other Client Income (Jury Duty Pay, Gambling Winnings)
- Child Support
- Worker’s Compensation

I have stated during this certification/recertification process that I currently receive no income from any of the above sources.

I have not received income since: _____

I do not expect to receive income until: _____

I applied for _____ on _____

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Ryan White HIV/AIDS Program Part B (Area 7), and may be grounds for termination of assistance.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income within ten (10) business days of such change.

Client Signature

Date

Case Manager Signature

Date