



Income Verification Statement

I _____ nor anyone living in my home with me has any income.

Please check all that apply:

_____ No one receives a Social Security Check, Welfare Check, or V.A. check.

_____ No one receives a retirement or pension check.

_____ No one receives an unemployment check.

_____ I am not self-employed.

Please disclose any assistance that you may receive from family/friends:

_____ Amount

_____ How Often

By signing below, I certify that the above information is correct and I understand that failure to make full disclosure of total household income is considered an act of fraud and can be punishable by either a fine and/or imprisonment according to federal law. I agree to immediately inform 1st Choice Healthcare, Inc. if any of the reported information changes. I understand that I will be asked to update this information every twelve months. I understand I am fully responsible for my bill if I do not comply with the above requirements.

Signature

Date

Witness