# Form A: Certification of No Income/Cash Only Income

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| **If no other documentation of income is available**, this form can be used to certify zero income OR cash-only income when applying to or recertifying for the Ryan White Part B and HOPWA Programs.  **This form may NOT be used to certify any income besides cash payments.** | | |
| **First Name:** | **Last Name:** | **Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_** |

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| **NO INCOME VERIFICATION (to be completed by applicant)** |
| **I certify that I currently do not have any income,** includingthrough employment or from other sources (like unemployment, interest, retirement, Social Security/Disability (SSDI), Supplemental Security (SSI), etc.). |
| **Please provide a brief summary describing the current living conditions/arrangements that apply:** (examples: I support myself but living with family/friends that only provide housing and/or food, living in a homeless shelter, living in rehabilitation center, etc.) |

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| **CASH-ONLY INCOME VERIFICATION (to be completed by applicant)** |
| **I certify that I receive cash income,** and that NO OTHER DOCUMENTATION (pay stubs, receipts, tax return, letter from employer, etc.) is available to me. |
| **Through cash payments, I earn approximately $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period.**  **My pay period is (check ONE):**  hourly  daily  weekly  monthly  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **My work frequency is (X hours per month, X months per year, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Select one:**  The cash income above is my only source of income.  I have other income in addition to cash income, and I am including documentation of that income in my HOPWA application. |

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| **CERTIFICATION (to be completed by applicant)** |
| *By initialing to the left of each statement and signing below, I agree that:* |
| I understand that verification of income is required to determine eligibility for all Ryan White and HOPWA programs. |
| I understand that the program I am applying for may verify the information on this form and I may be required to submit additional documents, if requested. Failure to do so within the specified deadline will result in my file being closed to the program. |
| I understand that if my income changes, I must notify my case manager immediately. |
| I understand that if I deliberately misrepresent information on this form, I may be required to repay benefits to the program and I may be prosecuted under applicable state and federal statutes. |
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Applicant (Print Name) Applicant Signature Date

**Entity Representative:** By signing below, I certify that the purpose of this form and the above Client Certification & Release has been explained to the client, and that to the best of my knowledge the above information is accurate and complete as of today’s date.

Entity Representative or Witness (Print Name) Entity Representative or Witness Signature Date