

**EARNINGS/HOUSING VERIFICATION FORM**

**Financial Support and/or Housing:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is providing financial support and/or housing for me/my household.

Signature of Financial Supporter/Housing Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PLEASE CIRCLE ONE)

Date\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that I am not receiving any source of income and the above information is true and accurate to the best of my knowledge. I acknowledge that any false information on this form may revoke any decision made on my Access-to-Care application.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact our financial counselors at (207) 498-1371, (207) 498-1617, or (800) 858-2279 ext 1371 or 1617 if you have any questions regarding this form.

