

Hyndman Family Health Center
144 5th Avenue
Hyndman, PA 15545
814.842.3206 (P)
814.842.3746 (F)



Bedford Family Health Center
104 Railroad Street
Bedford, PA 15522
814.263.5804 (P)
814.842.3746 (F)

Zero Income Statement

Date: _____

Last/First Name: _____

Date of Birth: _____

1. I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

2. Did you file a Federal Income Tax Return in the past 2 years (circle one)?

Yes No

3. I agree to notify HAHC about any changes in my income within 30 days of the change.
4. I agree to apply for assistance from the State Department of Human Services (DHS) as soon as possible.
5. I agree to give a copy of my determination letter from the DHS to HAHC for my file as soon as possible after I receive it.
6. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Signature: _____

Reviewer Signature: _____