

VERIFICATION OF NO INCOME

CAGNO Patient Services

I am applying for CAGNO's patient assistance program. CAGNO requires verification of all income.

I _____ have stated during this verification process that I have no income at this time. I have not received income since _____.

I do not expect to receive any income until _____.

I understand that it is my responsibility to report any change in income, from any source, within 30 business days after such change.

I do not have any documents to explain no income because:

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT OF CURRENT INCOME IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY ABILITY, BELIEF, AND KNOWLEDGE.

I verify that all statements regarding my income are true.

Signature: _____

Date: _____

Witness: _____

Date: _____