



RURAL HEALTH CARE, INC.

202 Island Drive, Ste 1, Ft. Pierre, SD 57532
605-223-2200 (phone) 605-223-2228 (fax)

ZERO INCOME AFFIDAVIT

This form must be completed by any household member over the age of 18 who is applying for the sliding fee and claiming "zero income".

I (print name), _____, state that I am currently unemployed and:

- I do not receive unemployment compensation or other benefits as a result of non-employed status

- I do not receive benefits or income from any other source (*example: social security, disability, retirement, child support, rental, farm, alimony, interest and/or dividends, etc.*)

Any applicant claiming "zero income" must sign a Zero Income Affidavit. This is a legally binding document in which false statements constitute fraud. By signing this Affidavit, the applicant or member of household gives Rural Health Care, Inc. (RHCI) permission to access the Internal Revenue Service for the latest federal income tax return.

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to termination and/or rejection of my application.

Signature

Date

Witness (signature)

Date

Witness (print name)

***If you have a change in income, please notify RHCI immediately**