



<b>Income Documentation Checklist</b>	
<b>Please include one of the following for each member age 18 and older:</b>	
Tax Return	
W-2	
Two Recent Paystubs	
Zero Income Affidavit	
<b>Please include documentation for <u>ALL</u> that are applicable:</b>	
Social Security	
Pension/Veterans' Benefit	
Unemployment Compensation	
Alimony	
Child Support	
Rental Income	
Interest/Dividends	

NOTE: To comply with federal regulations, in order to give you a discount on medical services, it is necessary for us to ask some personal questions. Information will be kept in strict confidence.

If after-tax checks are used as proof of income, 36.5% will be added to the total to account for the difference between gross and net income. Your annual income and your household size will be used to calculate your discount.

**A \$25.00 nominal fee will be due at the time of each visit regardless of sliding fee eligibility.**

I, the undersigned, agree that RHCI may contact each source of income for all persons working in the above-mentioned household. I also agree to notify the clinic within thirty (30) days if any change in financial status.

I understand that verification of income is **mandatory**. I understand and agree that services will only be discounted after the appropriate means of proof of income is provided. I understand it is necessary to reapply and update financial and/or household member and financial status at least annually to ensure RHCI maintains updated information.

**I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, any sliding fee discount. I acknowledge that it is my duty, in a timely fashion, to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**\*\*Proof of income MUST accompany application.  
 Application will not be processed without documents\*\***