

Client Income Affidavit

Agency: _____

I, _____, certify that
CLIENT'S NAME

my total monthly income is: _____.

I understand that this statement is valid for no more than **60 days** as of the date I sign below. I further understand that, in order to continue receiving Ryan White Part A funded services at the agency named above, I will need to provide proof of my income, which includes, but is not limited to, payroll stub/copy of payroll check/bank statement showing direct payroll deposit, letter from employer on company letterhead, unemployment benefits, IRS 1040 form/W2 form/1099 form, social security award letter, VA benefits letter, private disability letter, Medicaid letter, child or spousal support letter, food stamp award letter.

SIGNATURE

DATE