



NEPA Community — HEALTH CARE —

SELF -DECLARATION OF INCOME

I, _____, have been working and receiving payment for this work in the amount of \$ _____ per day / week / month (circle one)

I do not have check stubs or any proof of income. It is not possible for me to prove my earnings.

I certify under penalty of perjury that all information is true and correct.

Signature:	Date:
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*****If you have no income from any source, check box and sign below*****

I certify under penalty of perjury that I do not have income from any sources.

Signature:	Date:
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- This declaration is valid for 3 months from the date received.
- A minimal nominal fee of \$10 will apply to all services rendered during this time and is due at time of service.

Please email this form to sfsdapps@nepachc.org or return to any office of NEPA Community Health Care upon completion.

Andrew C. Mazza Memorial Health Center
Paradise Valley Plaza | (570) 282-5189
127 Route 106
Greenfield Township, PA 18407

Hallstead Health Center
Mountain View Plaza | (570) 879-5249
25066 State Route 11
Hallstead, PA 18822

Matthew W. Stahl Memorial Health Center
Tannery Place | (570) 278-7500
498 South Main Street, Ste D
Montrose, PA 18801