

**Verification of Self-Declaration**

This form is used only for patients and their supporters who are day workers, migrant/seasonal workers, earn tips as their income or who are unemployed and not receiving support from family/friend/other with shelter, food and/or living expenses.

If you have another source of funds that assists with your expenses then also provide paystubs, Verification of Employment or Verification of Support.

The patient has requested financial assistance from Inova for services provided. The below information is necessary to complete the eligibility review.

Patient name: \_\_\_\_\_

Supporter name (if different from patient): \_\_\_\_\_

Estimated income (gross – before taxes): \$\_\_\_\_\_ per ☐ Week ☐ 2 weeks ☐ Month

☐ Living off savings: Total savings \$\_\_\_\_\_

If checked, please provide three months of bank statements.

**Attestation:**

I certify that to the best of my knowledge, the above information is true and correct. I agree that you may contact me if further verification is necessary.

\_\_\_\_\_  
Typed or written signature of person completing this form

\_\_\_\_\_  
Date signed