

**VERIFICATION OF NO INCOME**  
**Ryan White Part B Program**

I, \_\_\_\_\_, have applied for Direct Emergency Assistance through the Ryan White Program. The United States Government requires verification of all income.

I have stated during this verification process that I have no income at this time. I have not received income since \_\_\_\_\_. I do not expect to receive any income until \_\_\_\_\_.

I applied for SSD or SSI on \_\_\_\_\_ (date). I applied for \_\_\_\_\_ (other financial assistance) on \_\_\_\_\_ (date).

**I understand that it is my responsibility to report any change in income, from any source, within 10 business days after such change.**

**I verify that all statements regarding my income are true and that this Verification of No Income Statement must be verified and completed with my Case Manager every 3 months.**

Signature: \_\_\_\_\_  
**Applicant**

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
**Case Manager**

Date: \_\_\_\_\_

Case Manager/Housing Coordinator Notes:

**'NO INCOME' STATUS MUST BE REVIEWED AT LEAST EVERY 3 MONTHS BY CASE MANAGER AND CLIENT. IF CLIENT STATUS HAS NOT CHANGED, A NEW VERIFICATION OF NO INCOME MUST BE COMPLETED QUARTERLY.**

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Case Manager**