



**Nevada Ryan White Parts ABCD
Common Guidance Document
Verification of No Income**

Client Name _____ DOB: _____

I have requested services from Ryan White All Parts (ABCD) which requires verification of all income. I have stated during this verification that I have no income at this time.

I have not received income since: _____

I do not expect to receive income until: _____

I have applied for SSDI or SSI on: _____

I understand that the above information is true and correct and understand that willfully giving false information will disqualify me from services and may result in legal/criminal action.

I further agree that if my financial status changes, I must immediately notify the Ryan White Part All Parts (ABCD) eligibility agency and provide documentation of income.

Client Signature

Date

Registering Agency Staff Member Signature

Date