



Triad Adult & Pediatric Medicine

Focused on Excellence, Devoted to Care

Statement of Zero Income

You have stated on your application for recertification and or certification that you have no income, assets or resources. Please document how you meet your basic needs. This includes how you pay for your rent, utilities, transportation, food, phone, and any other bills. Please be aware that providing false information is grounds disqualifications from the TAPM Sliding Fee Discount Program.

Name: _____ S.S. # _____ DOB: _____

1. Amount of rent: \$ _____ how do I pay rent: _____
2. Amount of monthly utility bills: \$ _____ how do I pay my utility bills? _____
3. Method(s) I use for transportation. _____
4. How do I buy my food? _____
5. How do I pay for a phone/cellphone bill? _____

I attest that the information stated above is true and correct to the best of my knowledge. I understand that if I have provided false information, I will be disqualified from receiving services.

Signature: _____ Date: _____

G.S. § 10B-41 NOTARIAL CERTIFICATE FOR ACKNOWLEDGMENT

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document.

_____ Name(s) of principal(s)

(Official Seal)

Official Signature of Notary

Notary Public Notary's printed or typed name