



Bartz-Altadonna Community Health Center

AFFIDAVIT OF NO INCOME

I _____, swear or affirm that I do not currently have any earned
Or unearned income of any kind. This includes, but is not limited to, income from wages or self-
employment, rental income, unemployment benefits, pensions, retirement, social security benefits,
alimony, interest income, or IRA distributions.

Last date of work: _____

I solemnly affirm under the penalties of perjury that the information provided in this affidavit of no
income are true and accurate to the best of my knowledge and belief.

Name: _____

Address: _____

Phone Number: _____

Signature _____ Date: _____

For Staff Use Only

Received By: _____ Date: _____

Note: _____