

Income Signature Card for Ryan White Part B/HMAP

(For individuals with no proof of income or undocumented income)

I have applied for assistance through the North Carolina Ryan White Program Part B and/or HMAP. I understand that individuals with a modified adjusted gross family income above 300% of the Federal Poverty Guideline are ineligible for these services. I understand that proof of income is required. Documentation of income does not exist for the following reason(s):

- ☐ I am a victim of theft, loss, or disaster.
- ☐ I am homeless.
- ☐ I am a migrant farm worker.
- ☐ I had to flee from a high-risk situation (victim of domestic violence or a refugee) and subsequently left behind all documentation of employment and/or income.
- ☐ I am paid in cash and have no proof of income and/or employment.
- ☐ My employer(s) will not document my income and/or employment.
- ☐ My employer(s) is unable to document my income and/or employment.
- ☐ I have very low income that cannot be documented (payment for odd jobs such as babysitting)
- ☐ Other Reason (forgetting to provide proof of income is not an acceptable explanation)

Specify Other Reason Here:

Provide a thorough explanation of income earned including the amount, frequency, and source:

I understand that by completing, signing, and dating this form, I certify the information provided is accurate and true. I understand intentional misrepresentation may require repayment to the state for the value of the HMAP medication(s) and/or Ryan White Part B service(s) received.

Applicant/Client Name: _____

Applicant/Client Signature: _____ Date: _____

Case Manager/Witness Name: _____

Case Manager/Witness Signature: _____ Date: _____