



- Project Access • Dentists Delivering Smiles
 - Medication Assistance • Diabetes Navigator
- "Access to Healthcare"**

Declaration of No Income

Complete one of the following sections:

Support from within the home:

_____ has been living in my home (or shelter) continuously since _____.
Date

He/she has no income or other support resource. I have supported him/her during the following time period:

_____ Through _____
Date Date

Support from outside the home:

_____ states he/she has no income. I help to support him/her by:
(Initial next to the appropriate statement)

___ Give money to him/her for bills and food. I give ___ dollars each week/month.

___ Pay his/her landlord directly, pay his/her utilities directly to the companies, or contribute to groceries.

___ Allow him/her to reside at my residence free of charge. I have done this from _____ through _____.
Date Date

Signature: _____

Address: _____

Phone: _____ Date: _____

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