



- 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 support (him/her/them) 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, paying his/her utilities directly to the companies, and by contributing 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:** _____

Project Access
829 N. Dixon Rd, Suite 100
Kokomo, IN 46901
765-854-0544