

**RYAN WHITE PART A, B, AND MAI: PROOF OF INCOME AND HOUSEHOLD SIZE FORM**

**WHEN TO USE THIS FORM**

**This form is only to be used when income documentation from the list below cannot be obtained. Please upload the documentation into RWISE and put a copy in the client's file.**

**ATTESTATION (required)**

I hereby certify that the information provided on this form is accurate to the best of my knowledge.

Client signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Mark here if NMCM has documented communication with individual noting that information is being sent to IDOH. In this instance, NMCM can attest on client's behalf.

NMCM signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**APPLICANT INFORMATION (required)**

Legal First Name		Date of birth (MM/DD/YYYY)	
Legal Last Name			

**INCOME DOCUMENTS: check ALL that apply and attach copies in client files (required)**

- W-2 form(s) or federal tax return for the most recent prior tax year
- Paystub showing earnings for the most recent 30 days of work. Must include employers name and address and be dated within 60 days of the application. **(Overtime, Bonuses, and Stimulus Assistance do NOT need to be included in the adjusted gross income total)**
- Social Security benefits annual award notification letter
- Letter from employer detailing pay frequency, hours worked, and hourly wage
- Self-employment: complete "Self-employment" section below
- No income: complete "Certification of Income" section below. **An INET statement will be required in the client's file.**

**EMPLOYMENT STATUS FOR APPLICANT/ADULT IN FAMILY UNIT (required)**

<input type="checkbox"/> Working: _____ hours per week	<input type="checkbox"/> Full/part-time college student
<input type="checkbox"/> Seasonal/temporary	<input type="checkbox"/> Retired
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Social Security Income (SS)	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other (describe): _____

**SELF-EMPLOYMENT (only accepted after vigorous pursuit of primary source documentation)  
Please provide tax documentation, signed and verified by the client, required in the client's file.**

Month			
Gross income total (A)			

<b>Deductibles expenses (B)</b>			
<b>Adjusted gross income (A-B)</b>			

**CERTIFICATE OF INCOME** *(only accepted after vigorous pursuit of primary source documentation)*

I confirm that the applicant is supporting themselves in the following manner (check and complete all that apply):

- Homeless or living in a shelter
- Receiving assistance for obtaining food, water, housing, and clothing from:
- Other:

I attest that, to the best of my knowledge and belief, the information submitted is accurate and complete.

NMCM signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**IMMIGRATION EXCEPTION** *(only accepted after vigorous pursuit of primary source documentation)*

I attest that, to the best of my knowledge and belief, the applicant is undocumented or in the process of obtaining citizenship without updated documents.

NMCM signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

**STATEMENT OF FACT** *(optional)*

Please describe any/all information that may be difficult to capture with the application alone.