



--	--	--

**Income Documentation Checklist**

Please include one of the following for each member age 18 and older:

- Tax Return
- W-2
- Two Recent Paystubs
- Zero Income Affidavit

Please include documentation for ALL that are applicable:

- Social Security Income
- Pension/Veterans' Benefit
- Unemployment Compensation
- Alimony
- Child Support
- Rental Income
- Interest/Dividends

*\*NOTE: If after-tax checks are used as proof of income, 36.5% will be added to the total to account for the difference between gross and net income. Your annual income and your household size will be used to calculate your discount*

VIP Primary Care does not discriminate on the basis of gender, age, race, color, religion, national origin, handicap, parity, marital status, political beliefs or ability to pay.

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

I, the undersigned, agree that VIP Primary Care may contact each source of income for all persons working in the above-mentioned household. I also agree to notify the clinic within thirty (30) days if any change in financial status.

I understand that verification of income is **mandatory**. I understand and agree that services will only be discounted after the appropriate means of proof of income is provided. I understand that it is necessary to reapply and update financial and/or household member and financial status at least annually to ensure VIP Primary Care maintains updated information.

**I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, any sliding fee discount. I acknowledge that it is my duty, in a timely fashion, to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.**

**Applicant's Signature** **Date**

**\*\*\*Proof of income MUST accompany application. Application will not be processed without documents.**

updated: 01/01/2022

**OFFICE USE ONLY:**

--	--	--

Approved/Denied	Scale	Approved by/Date
-----------------	-------	------------------