

HEALTHCARE ON THE SQUARE

P.O. Box 540
Boydton, VA 23917
Phone: (434) 738-6102
Fax: (434) 738-6982

STATEMENT OF INCOME

I am currently unemployed, do not receive benefits and have no verifiable income. I understand that if I give false information that I could be prosecuted for perjury, larceny, and/or fraud.

Signature

Date

City/County of _____
Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____.

By:

Notary Public

My Commission Expires: _____