

# Verification of No/Low Income for Ryan White Part B/HMAP

(For individuals with no income or low income)

I have applied for assistance through the North Carolina Ryan White Part B Program and/or HMAP. I understand that individuals with a modified adjusted gross family income above 300% of the Federal Poverty Guideline are ineligible for these services. I understand that proof of income is required. I cannot provide documentation of income for the following reason:

I have no income at this time

I have not received any income since (Month/Year) \_\_\_\_\_

I do not expect to receive any income until (Month/Year) \_\_\_\_\_

My income is at or below 125% of the Federal Poverty Guidelines

**Provide a thorough explanation of how basic living expenses are met, including all sources of assistance with food, shelter, clothing, medical care and other basic needs:**

*This explanation should correspond with Section 8 of the Ryan White Part B/HMAP Medication Assistance Program Financial Eligibility and Authorization Request.*

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**I understand that by completing, signing, and dating this form, I certify the information provided is accurate and true. I understand intentional misrepresentation may require repayment to the state for the value of the HMAP medication(s) and/or Ryan White Part B service(s) received. I will notify the person completing this form immediately if my income changes.**

Applicant/Client Name: \_\_\_\_\_

Applicant/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager/Witness Name: \_\_\_\_\_

Case Manager/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_