

# Income Signature Card for Ryan White Part B/HMAP

(For individuals with no proof of income or undocumented income)

I have applied for assistance through the North Carolina Ryan White Program Part B and/or HMAP. I understand that individuals with a gross family income above 300% of the Federal Poverty Guideline are ineligible for these services. I understand that proof of income is required. Documentation of income does not exist for the following reason(s):

- I am a victim of theft, loss, or disaster.
- I am homeless.
- I am a migrant farm worker.
- I had to flee from a high-risk situation (victim of domestic violence or a refugee) and subsequently left behind all documentation of employment and/or income.
- I am paid in cash and have no proof of income and/or employment.
- My employer(s) will not document my income and/or employment.
- My employer(s) is unable to document my income and/or employment.
- I have very low income that cannot be documented (payment for odd jobs such as babysitting)
- Other Reason (forgetting to provide proof of income is not an acceptable explanation)  
Specify Other Reason Here:

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**Provide a thorough explanation of income earned including the amount, frequency, and source:**

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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.**

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

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

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

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