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**Appendix D**

Client Attestation of Income

I, \_\_\_\_\_, swear or affirm that I currently receive \$\_\_\_\_\_ in monthly income. I understand that income includes all money received, from work, even that which is not reported for tax purposes. Income also includes, but is not limited to, money received from retirement, investments, unemployment compensation, and disability benefits. I am aware that I must also report any and all income earned by a spouse (if married) and legal guardian (if dependent).

I am aware that providing false, incomplete or inaccurate information regarding income may result in my inability to receive further assistance from the Ryan White Part A Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date