



Sliding Fee Discount Program Self-Attestation of No Income

I, _____, confirm that neither I nor any other member of my household currently receives income.

I understand that "income" means:

- Wages, salaries, tips, commissions
- Social Security benefits
- Unemployment compensation
- Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).
- Alimony/spousal support
- Retirement and pension income
- Investment and rental income
- Per Capita distributions from Tribal Gaming

I have been able to meet my basic living needs (shelter, food, utilities) with the following methods (describe below):

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that if I knowingly give false information that results in assistance for which I am not eligible, I will be subject to criminal prosecution. I give my consent to release any and all information from whatever source needed to substantiate the information I have given.

Signed: _____ Date: _____