

Community Free Clinic

528-A Lake Concord Road • Concord, North Carolina 28025 • 704-782-0650 • Fax 704-782-8638
www.communityfreeclinic.org

Zero Income Statement

Please complete the Zero Income Statement below if you are not currently working and have no income or support. If you are married and your spouse is not working or receiving income, please have them complete the Zero Income Statement.

I, _____ Date of Birth ____/____/_____, swear or affirm that I am not currently working and have no income. I receive mail at the following address:

_____,
which I have listed on the application form.

Signature: _____ Date: _____

Signature: _____ Date: _____

Letter of Support

If you receive support by someone, please have them complete the Letter of Support on your behalf. (Example: live with a family member/friend, receive money for food or housing).

I provide support for _____ Date of Birth _____ as indicated below.
(Print Patient's Name)

Check only one of the boxes:

Lives with me at the address below and receives free room and board.

Does not live with me, but I provide support as checked below.

Food

Housing

Utilities

Cash

Signature: _____ Relationship to Patient _____

Print Name: _____ Print Address: _____

Date: _____ Print City/State/Zip Code: _____

Executive Director
Laura Lyerly Milliken

Medical Director
James H. Cooke, Jr. MD

Deputy Executive Director
Penny Aronson

Pharmacy Manager
Julianne Emery, RPh