



South Carolina AIDS Drug Assistance Program

Income Statement for Undocumented Persons Living in South Carolina

I, _____, declare that I receive income in the amount of
\$ _____ weekly/monthly (circle one) from _____ company.

My housing is provided by _____.

Please list any other support you receive/earn to meet your daily needs

In the future, should my income change, I understand that I must notify SC ADAP immediately. Also, I understand I will be notified by SC ADAP staff if changes in my income affect my SC ADAP eligibility.

By signing this form, I affirm that the above information is an accurate statement of income or assistance being provided by/to the applicant. I understand that if I deliberately omit or give false information that I may be removed from the program.

Client Signature / Date

Provider Signature / Date

Witness (if client is unable to sign)

Provider Organization