

## Income and Residency Affidavit

### Income

Completed by:                      Client                      Legal guardian

I declare that I and my family have no income.

I (we) get food, housing, and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the eligibility review. If I provide false, misleading, or incomplete information, my eligibility for Ryan White-funded services may be denied.

\_\_\_\_\_  
Client or legal guardian signature

\_\_\_\_\_  
Date

### Residency

Completed by:                      Client                      Legal guardian

I am currently homeless

Do not have a fixed adress

Do not have proof of address

I am living in the city of: \_\_\_\_\_

I most often stay at the following locations:

\_\_\_\_\_

I am a resident of Oregon and all statements regarding my housing status are true. I understand that false or misleading information may result in my benefits ending with the Oregon Health Authority (OHA), HIV Care and Treatment Programs, including CAREAssist.

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Client or legal guardian signature

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Date