

**ILLINOIS BREAST AND CERVICAL CANCER PROGRAM
NO-INCOME AFFIDAVIT**

I, _____, hereby certify the following:
Print Name

Please check all that apply:

- I am over the age of 18 and currently am unable to remain in my residence. I will be admitted to hospice imminently.
- Prior to my cancer diagnosis, I earned approximately \$_____/year.
- I currently do not earn, and do not expect to earn over the next twelve months, income from any employer; and I do not receive any supplemental income from any public or private sources; and
- I do not receive any ongoing payments from rents, royalties, recurring gifts, hobby income, insurance payments, disability or unemployment benefits, retirement income, investment income; etc.

This affidavit is made under penalty of perjury. Any fraudulent or untrue Statements made in this affidavit will result in denial of Health Benefits for Persons with Breast or Cervical Cancer and/or possible legal action.

Signature _____ Date: _____

Witness to Signature: _____ Date: _____