



Bring form to appointment:

Richmond County
Pharmacy Assistance Program
127 Caroline Street
Rockingham, NC 28379
(910)417-4909

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: _____, certify that I am not currently working and have no income. I am able to receive mail at the following address: _____
_____, which I have listed on the application.

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: lives with a friend or family member, receives money for food, housing, utilities.)

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 your name

Print Street Address

Date

Print City, State and Zip Code