PediPlace
MAKING HEALTHCARE A REALITY FOR EVERY KID

Income Verification

Date: _____

Patient Name: _____ **Date of Birth:** _____

What City do you live in? _____

How long have you lived in the City listed above _____

How many people live in the home? _____

What is your household income? _____ **Per Week** **Please Circle** **Per Month** **Per Year**

Certification: I certify that I am a resident of the city of _____and that my family size and annual income level selected above is correct and accurate to the best of my knowledge. I understand that this information could be subject to verification at any time by a third party. I also acknowledge that giving false information could subject me to the penalties of Federal, State and local law.

Signature Date

PediPlace Verification Date