PACIFIC
psychology&
COMPREHENSIVE HEALTH
CLINIC

PORTLAND
1411 SW Morrison St., Suite 310
Portland, OR 97205
503-352-2400

HILLSBORO
222 SE 8th Ave., Suite 212
Hillsboro, OR 97123
503-352-7333

Self-Declaration of Income Form

- **Granting of financial assistance is contingent upon meeting eligibility guidelines.**
- **PCH Clinic staff will inform you of the fee for each service you are receiving**
- **If approved, your application will automatically expire 12 months from approval and you must reapply.**
- ***You must provide proof of income with this application.***

Client: ____

First Name **Last Name** **Date of Birth**

Complete the information below only if you have no other way to document your income. All of the boxes below must be checked and all questions answered. Failure to complete this form may result in denial of income-based discounts.

Employer(s) of household members: ______________________________

____

Source(s) of income: ______________________________________

- ☐ I forgot my income verification
- ☐ I get paid in cash
- ☐ I do not get checks
- ☐ I do not get pay stubs
- ☐ I cannot get a letter from my employer - Please explain: ____________________

Household income: $ ____________________ **How Often** ***(circle):*** daily weekly biweekly monthly

Family Size: ____________________

Read the following and sign below:

I certify that I have no other way to document my income and that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for income based discounts. I understand that the PCH Clinics may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to pay the difference between my discounted fees and the full fee for services received.

Signature: ______________________________ **Date:** ____________________

Pacific University Oregon