Greater Prince William Community Health Center

4379 Ridgewood Center Dr, Suite 102, Woodbridge, VA 22192
9705 Liberia Ave, Suite 201, Manassas, VA 22010
17739 Main Street, Suite 130, Dumfries, VA 22026
Phone: 703.680.7950 Fax: 703.680.7953

SHARED BUT SEPARATE HOUSEHOLDS VERIFICATION

Part I **To be completed by the applicant**

_____
Name of person sharing expenses with the applicant

_____
Street Address

_____
City/Town State Zip Code

Date applicant began sharing _____/_____/_____

Part II **To be completed by the applicant**

Authorization to Release Information

I, _____,
(Print Name)
give permission to the GPWCHC to obtain and verify this information.

_____ _____
Signature Date

Applicant Declaration – The applicant's household shares the same address with one or more households for economic reasons. Each household must have separate income and/or means of support. The households share the occupancy costs but otherwise are separate. Once verified, the applicant is permitted to declare shared but separate household to be considered for the applicant's eligibility determination for Sliding Fee Discount Program.

Part III **To be completed by the person sharing household expenses with the applicant. If more than two households share the same address, at least one person must disclose the amount(s) paid by the applicant.**

1. The applicant pays per month:

Rent/mortgage	☐ yes	☐ no	Amount: $_____
Electric	☐ yes	☐ no	Amount: $_____
Gas	☐ yes	☐ no	Amount: $_____
Telephone	☐ yes	☐ no	Amount: $_____
Water	☐ yes	☐ no	Amount: $_____
Sewage	☐ yes	☐ no	Amount: $_____
Other _____(Specify)			Amount: $_____

2. Names of household members including the applicant.

_____ _____ _____ _____
_____ _____ _____ _____

I understand Greater Prince William Community Health Center may contact me to verify this information. Furthermore, I understand providing false information or information subsequently determined to be false will result in the applicant's eligibility for SFDP discounts to be revoked and the full balance of the account(s) restored and payable immediately.

_____ _____ _____
Name (Please print) Signature Date

Effective: Imediately
Approved Date: 04/29/2015