



II. Expenses

Record your business expenses for the last 30 days. Provide as much description as possible to confirm expense.

Receipt Date	Amount	Source or Description of Income Received

VII: Signature and Date Required

I certify that all information listed is true to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I give permission for UNC Healthcare System and all affiliated clinics, hospitals, and entities to verify the information provided on this document.

Signature of person completing the form	Sign Date (mm/dd/yyyy)
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