CONCORDIA-HEALTH
MUTUAL AID REPOSITORY

1901 Pennsylvania Avenue NW
Washington, DC 20006

MEMBERSHIP & HOUSEHOLD ADMINISTRATION

FORM CH-SDI-001 / VERSION 1.0

Sworn Statement of Dependent Income

Declaration Under Penalty of Perjury

IMPORTANT NOTICE

This document is provided for eligibility assessment purposes only within the Concordia-Health mutual aid repository. It is not a government form, not a tax return, and does not replace any obligation under U.S. federal or state law.

PURPOSE OF THIS STATEMENT

This sworn statement is used by Concordia-Health, a non-governmental administrative clearing initiative, to evaluate structural eligibility for discretionary mutual aid allocations for dependents. All information provided must be accurate and complete.

01 PRIMARY MEMBER INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

CONCORDIA-HEALTH MEMBER ID (IF APPLICABLE)

EMAIL ADDRESS OR PHONE NUMBER

02 DEPENDENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

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02 DEPENDENT INFORMATION - CONTINUED

RELATIONSHIP TO PRIMARY MEMBER (CHECK ONE)

- ☐ Spouse
- ☐ Domestic Partner
- ☐ Child
- ☐ Parent
- ☐ Other Dependent (specify below)

OTHER DEPENDENT - SPECIFY RELATIONSHIP

RESIDENCY STATUS

Does the dependent currently reside in the United States?

- ☐ Yes
- ☐ No

IF NO, PLEASE SPECIFY COUNTRY OF RESIDENCE

03 DEPENDENT INCOME INFORMATION

REPORTING PERIOD

Income reported below covers the most recent three-month (quarterly) period prior to the date of this declaration.

INCOME STATUS (CHECK ONE)

- ☐ The dependent had no income during this period - Proceed directly to Section 5
- ☐ The dependent received income during this period - Complete the table below

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INCOME DETAILS

SOURCE OF INCOME	EMPLOYER / PAYER	GROSS AMOUNT (USD)
TOTAL GROSS INCOME FOR THE PERIOD (USD)		

INCOME REPORTING GUIDELINES

INCLUDE, IF APPLICABLE:

- Wages, salaries, or tips
- Self-employment or freelance income
- Unemployment allocations
- Social Security allocations (retirement, disability, survivor)
- Pensions or annuities
- Rental or regular investment income
- Cash assistance or recurring monetary support

DO NOT INCLUDE:

- One-time gifts or irregular personal assistance
- Non-cash benefits (e.g., food or housing assistance)
- Child support received for another individual
- Veterans disability benefits
- Educational grants or scholarships used for tuition

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04 SUPPORTING DOCUMENTATION (OPTIONAL)

You may attach one of the following documents, if available:

- ☐ Recent pay stubs
- ☐ Statutory assistance or income statement
- ☐ IRS Form 1040 (summary page only)
- ☐ Written explanation if no documentation is available

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05 SWORN DECLARATIONS

DECLARATION BY THE PRIMARY MEMBER

I declare under penalty of perjury that the information provided in this form is true, complete, and accurate to the best of my knowledge.

I understand that providing false or misleading information may affect structural allocation rights within the Concordia-Health framework.

I agree to notify Concordia-Health promptly of any change in the dependent's income or living situation.

DATE (MM/DD/YYYY)	SIGNATURE

DECLARATION BY THE DEPENDENT (IF APPLICABLE)

I declare under penalty of perjury that the income information provided concerning me is true and complete to the best of my knowledge.

DATE (MM/DD/YYYY)	SIGNATURE

PRIVACY & DATA USE NOTICE

Information collected through this form is used solely for eligibility assessment within the Concordia-Health framework.

Personal data is handled in accordance with applicable privacy standards and is not shared with government agencies, except where legally required.

CONTACT / ASSISTANCE

For questions about this form or assistance in completing it, please visit the Concordia-Health Social Services Contact page.

IMPORTANT: Please save your completed form before opening the contact link to prevent the loss of any information you have entered.

Click Here

You may be directed to the appropriate department based on your inquiry.

End of Form - CH-SDI-001 (v1.0)