



**Mother of Mercy Free Medical Clinic**

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9380 Forestwood Lane Unit B  
Manassas, VA 20110

13900 Church Hill Drive  
Woodbridge, VA 22191

**Affidavit of Financial Review at 6 Months of Approval**

**Section to be Completed by Patient:**

I, \_\_\_\_\_, with a  
date of birth of \_\_\_\_\_,  single /  married, residing at -

\_\_\_\_\_

verify that

- my average yearly income has remained the same as when I was approved 6 months ago.
- I do not have any health insurance including Medicaid or Medicare.
- my address remains the same as when I was approved 6 months ago.
- my address has changed as noted above, however, it continues to be in Prince William County.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Section to be Completed by Mother of Mercy Staff:**

**Previous approval information:**

Family Annual Income: \_\_\_\_\_ Federal Poverty Level: \_\_\_\_\_

Approved From: \_\_\_\_\_ To: \_\_\_\_\_

**Renewal approval information:**

Clinic Representative: \_\_\_\_\_

Renewal From: \_\_\_\_\_ To: \_\_\_\_\_