

SAMPLE ONLY:Self Affidavit of Income Letter

Applicant's Name
Address
City, State, Zip
Phone Number

Today's Date

Healthy Families/Medi-Cal for Families
P.O. Box 138005
Sacramento, CA 95813-8005

Dear Healthy Families and Medi-Cal for Families,

I am providing this affidavit to verify my income as I have no other income documentation available to me.

I receive \$_____ (gross amount), and the frequency of pay is [weekly, every two weeks, twice a month, or montly]. I last received this amount on _____.

I understand that this information is subject to verification by the State of California. I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Signature of person receiving income

****This document must be hand written by the applicant. If the applicant cannot hand write, they must put their mark "X" and include a printed name and signature of a witness.***