

Sample Self Affidavit of Income Letter

Applicant's Name

Address

City, state, Zip

Phone Number

Today's Date

Dear (name of program is written)

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 monthly]. 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.**
- A "Self Affidavit of Income Letter" can only be used if applicant cannot provide: a copy of the paycheck stub for a pay period ending within the last 45 days, or a copy of the previous year's Federal Tax Forms 1040, 1040A, 1040EZ, or an e-file printout of these forms.
- The last day the income was received must be within 45 days the document was received by the program. If there is no date specifying the last day the income was received, use the date of the letter.
- A self affidavit of income letter is acceptable by Healthy Families, and Healthy Kids programs in San Francisco County.