

Sample Self Affidavit of Income Letter

Applicant's Name

Address

City, State, Zip

Phone Number

Today's Date

Medi-Cal Access Program

P.O. Box 15559

Sacramento, CA 95852-0559

Dear Medi-Cal Access Program,

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

Printed name of person receiving income

**** This document must be handwritten 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.***