

## 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