

## Sample 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 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.**